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| Fill in this information to identify your case: | | |
|---|-------------------------------|--------------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF GEORGIA | | |
| Case number (if known) | Chapter you are filing under: | |
| | ☐ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ■ Chapter 13 | ☐ Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

06/24

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | |
|-----|--|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued | Tara First name | Rafael First name |
| | picture identification (for | First name | First name |
| | example, your driver's | Marie | Antonio |
| | license or passport). | Middle name | Middle name |
| | Bring your picture identification to your | Vaughns | Ortiz, II |
| | meeting with the trustee. | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years | | |
| | Include your married or maiden names and any assumed, trade names and doing business as names. | Tyra Marie Vaughns | |
| | Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-1461 | xxx-xx-8903 |

Debtor 1 Tara Marie Vaughns
Debtor 2 Rafael Antonio Ortiz, II

Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | |
|---|--|---|---|--|--|
| 4. Your Employer Identification Number (EIN), if any. | | | | | |
| | | EIN | EIN | | |
| 5. | Where you live | | If Debtor 2 lives at a different address: | | |
| | | 5005 Hopewell Manor Dr Cumming, GA 30028 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code | | |
| | | Forsyth County | County | | |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill in here. Note that the court will send any notices to this mailing address. | | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | | |
| 6. | Why you are choosing this district to file for | Check one: | Check one: | | |
| | bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | | |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | | |
| | | | | | |

| Deb | otor 2 Rafael Antonio Or | tiz, II | | | | Case number (if known) | |
|-----------------------------|---|---|-------------|--|-------------------------|---|-------|
| | | | | | | | |
| Par | t 2: Tell the Court About | Your Bankı | ruptcy Ca | ase | | | |
| 7. | The chapter of the Bankruptcy Code you are | | | brief description of each, go to the top of page 1 | | r 11 U.S.C. § 342(b) for Individuals Filing for Bankrup te box. | tcy |
| | choosing to file under | ☐ Chapte | er 7 | | | | |
| | | ☐ Chapte | er 11 | | | | |
| | | ☐ Chapte | er 12 | | | | |
| | | ■ Chapte | er 13 | | | | |
| 8. | How you will pay the fee | abo orde | out how yo | ou may pay. Typically, if y attorney is submitting yo | ou are paying the fee y | ck with the clerk's office in your local court for more of ourself, you may pay with cash, cashier's check, or n half, your attorney may pay with a credit card or chec | noney |
| | | I need to pay the fee in installments. If you choose this option, sign and attach the Application for | | | | | |
| | The Filing Fee in Installments (Official Form 103A). ☐ I request that my fee be waived (You may request this option of the content of the c | | | | | on only if you are filing for Chapter 7. By law, a judge | may, |
| | | арр | olies to yo | ur family size and you ar | e unable to pay the fee | our income is less than 150% of the official poverty ling in installments). If you choose this option, you must filicial Form 103B) and file it with your petition. | |
| 9. Have you filed for ■ No. | | | | | | | |
| | bankruptcy within the last 8 years? | ☐ Yes. | | | | | |
| | iast o years: | ☐ res. | District | | When | Case number | |
| | | | District | - | When | Cana assembles | |
| | | | District | | When | Case number Case number | |
| | | | District | | writeri | Case Hullipel | |
| 10. | Are any bankruptcy | ■ No | | | | | |
| | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes. | | | | | |
| | | | Debtor | | | Relationship to you | |
| | | | District | | When | Case number, if known | |
| | | | Debtor | | | Relationship to you | |
| | | | District | | When | Case number, if known | |
| 11. | Do you rent your | ■ No. | Go to I | line 12. | | | |
| | residence? | ☐ Yes. | Has vo | our landlord obtained an | eviction judgment again | st vou? | |
| | | - 1€5. | | No. Go to line 12. | | , | |
| | | | | | ement Δhout an Eviction | Judgment Against You (Form 101A) and file it as pa | rt of |
| | | | П | this bankruptcy petition | | vaugment Against 100 (1 01111 10 1A) and the It as pa | 11.01 |
| | | | | | | | |

| | otor 1 Tara Marie Vaugh otor 2 Rafael Antonio Or | | | | Case number (if known) | | |
|-----|---|--|--|---|--|--------|--|
| Par | t 3: Report About Any Bu | ısinesses | You Own | as a Sole Propriet | or | | |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | | | |
| | | ☐ Yes. | Name | and location of busi | iness | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name | of business, if any | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numb | er, Street, City, Stat | e & ZIP Code | | |
| | it to this petition. | | Check | the appropriate box | x to describe your business: | | |
| | | | | Health Care Busin | ess (as defined in 11 U.S.C. § 101(27A)) | | |
| | | | | Single Asset Real | Estate (as defined in 11 U.S.C. § 101(51B)) | | |
| | | | | Stockbroker (as de | efined in 11 U.S.C. § 101(53A)) | | |
| | | | | Commodity Broker | r (as defined in 11 U.S.C. § 101(6)) | | |
| | | | | None of the above | | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code, and are you a small business debtor? | deadline operation | s. If you in | dicate that you are a ow statement, and fe | court must know whether you are a small business debtor so that it can set appropases a small business debtor, you must attach your most recent balance sheet, stateme ederal income tax return or if any of these documents do not exist, follow the process. | ent of | |
| | For a definition of small business debtor, see 11 | ■ No. | I am not filing under Chapter 11. | | | | |
| | U.S.C. § 101(51D). | □ No. | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. | | | | |
| | | ☐ Yes. | | | 11, I am a small business debtor according to the definition in the Bankruptcy Code d under Subchapter V of Chapter 11. | e, and | |
| | | ☐ Yes. | I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11. | | | | |
| Par | Report if You Own or | Have Any | / Hazardo | us Property or Any | Property That Needs Immediate Attention | | |
| 14. | Do you own or have any property that poses or is alleged to pose a threat of imminent and | y that poses or is to pose a threat Yes. | | he hazard? | | | |
| | identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? | | | ate attention is why is it needed? | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | the property? | | | |
| | - | | | | Number, Street, City, State & Zip Code | _ | |
| | | | | | | | |

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Debtor 1 Tara Marie Vaughns

Debtor 2 Rafael Antonio Ortiz, II Case number (if known)

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 24-21202-jrs Doc 1 Filed 09/27/24 Entered 09/27/24 09:45:48 Desc Main Document Page 6 of 86

| | tor 1 Tara Marie Vaugh tor 2 Rafael Antonio O | | Doddine | | Case no | umber (if known) | | |
|------|---|------------------------|---|--|-------------------|-------------------------|--|--|
| Part | 6: Answer These Quest | ions for Re | porting Purposes | | | | | |
| 16. | What kind of debts do you have? | | Are your debts primarily coindividual primarily for a pers | | | e defined in 11 U.S.C | :. § 101(8) as "incurred by an | |
| | | | ☐ No. Go to line 16b. | | | | | |
| | | | ■ Yes. Go to line 17. | | | | | |
| | | | Are your debts primarily be money for a business or inve | | | | | |
| | | | ☐ No. Go to line 16c. | | | | | |
| | | | ☐ Yes. Go to line 17. | | | | | |
| | | 16c. | State the type of debts you o | owe that are not consun | ner debts or bu | siness debts | | |
| 17. | Are you filing under Chapter 7? | ■ No. | I am not filing under Chapter | 7. Go to line 18. | | | | |
| | Do you estimate that after any exempt property is excluded and | | I am filing under Chapter 7. I are paid that funds will be av | | | | and administrative expenses | |
| | administrative expenses | | □ No | | | | | |
| | are paid that funds will be available for distribution to unsecured creditors? | | □ Yes | | | | | |
| 18. | How many Creditors do | □ 1-49 | | □ 1,000-5,000 | | □ 25,001 | | |
| | you estimate that you owe? | 50-99 | | □ 5001-10,000 □ 10,001-25,00 | | ☐ 50,001 | I-100,000 han100,000 | |
| | | ☐ 100-19 ☐ 200-99 | . 100 100 | | | | nan100,000 | |
| 19. | How much do you | □ \$0 - \$5 | 0,000 | □ \$1,000,001 - | · \$10 million | □ \$500,0 | 000,001 - \$1 billion | |
| | estimate your assets to be worth? | | 1 - \$100,000 | \$10,000,001 | | | 0,000,001 - \$10 billion | |
| | | | 01 - \$500,000 01 - \$1 million | □ \$50,000,001 □ \$100,000,00 | | | 00,000,001 - \$50 billion han \$50 billion | |
| 20. | How much do you | □ \$0 - \$5 | 0,000 | \$ 1,000,001 - | · \$10 million | □ \$500,0 | 000,001 - \$1 billion | |
| | estimate your liabilities to be? | | 01 - \$100,000 | □ \$10,000,001 | | | 0,000,001 - \$10 billion | |
| | | . , | 01 - \$500,000 01 - \$1 million | □ \$50,000,001 □ \$100,000,00 | | | 00,000,001 - \$50 billion than \$50 billion | |
| D | a olima Balana | | · · · · · · · · · · · · · · · · · · · | — \$100,000,00 | 1 - \$500 million | | | |
| Part | 5 | | | | | | | |
| For | you | | amined this petition, and I dec | . , , | • | · | | |
| | | | hosen to file under Chapter 7 ates Code. I understand the r | | | | | |
| | | | ney represents me and I did r , I have obtained and read th | | | | help me fill out this | |
| | | I request r | elief in accordance with the c | chapter of title 11, Unite | ed States Code | , specified in this pet | ition. | |
| | | bankrupto and 3571. | I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341 and 3571. | | | | | |
| | | | Marie Vaughns rie Vaughns | | /s/ Rafael Anto | ntonio Ortiz, II | | |
| | | | of Debtor 1 | | Signature of D | | | |
| | | Executed | on September 27, 2024 MM / DD / YYYY | <u>. </u> | Executed on | September 27, 2 | 2024 | |

| Debtor 1 Tara Marie Vaug Debtor 2 Rafael Antonio 0 | | | Page / 01 86 Case number (ii | f known) |
|--|------------------------------------|---|---|---------------------------------------|
| | | | | |
| • | attorney, if you are ted by one | I, the attorney for the debtor(s) named in thi under Chapter 7, 11, 12, or 13 of title 11, Ur for which the person is eligible. I also certif | ted States Code, and have explained the | e relief available under each chapter |
| • | not represented by | and, in a case in which § 707(b)(4)(D) appli | | |

an attorney, you do not need schedules filed with the petition is incorrect. to file this page. /s/ Alex R. Perez Date

September 27, 2024 MM / DD / YYYY Signature of Attorney for Debtor Alex R. Perez 112665 Printed name **Jeff Field & Associates** Firm name 342 North Clarendon Ave. Scottdale, GA 30079 Number, Street, City, State & ZIP Code contactus@fieldlawoffice.com Contact phone 404-499-2700 Email address 112665 GA Bar number & State

| Fill in | this inforn | nation to identify you | case: | | | |
|------------------|---------------------|--|---|---|--|---|
| Debto | | Tara Marie Vaug | | | | |
| Dahta | - 0 | First Name | Middle Name | Last Name | | |
| Debto (Spouse | r∠ e if, filing) | Rafael Antonio (| Middle Name | Last Name | | |
| United | d States Ba | nkruptcy Court for the: | NORTHERN DISTRICT (| OF GEORGIA | | |
| Case i | number _ | | | | - | Check if this is an mended filing |
| Stat | ement | and accurate as possi | | are filing together, both are | Bankruptcy equally responsible for sup y additional pages, write you | |
| numbe | er (if knowi | n). Answer every ques | stion. | · | , | |
| Part 1 1. W | | r current marital statu | rital Status and Where You s? | Lived Belore | | |
| . | Married | | | | | |
| 2. D | | | lived anywhere other than | where you live now? | | |
| | No | , , | ved in the last 3 years. Do n | · | v. | |
| C | Debtor 1: | | Dates Debtor 1 lived there | Debtor 2 Prior Ad | ddress: | Dates Debtor 2 lived there |
| | | | | | nity property state or territory | |
| | No Yes. Ma | ike sure you fill out <i>Sch</i> | nedule H: Your Codebtors (O | fficial Form 106H). | | |
| Part 2 | Explai | n the Sources of You | r Income | | | |
| Fi | II in the tota | al amount of income yo | nployment or from operating a received from all jobs and a have income that you receive | all businesses, including part | | ndar years? |
| |] No I Yes. Fill | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | of current year until d for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$80,075.00 | ■ Wages, commissions, bonuses, tips | \$75,269.00 |
| | | | ☐ Operating a business | | ☐ Operating a business | |

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Tara Marie Vaughns

Debtor 1

Debtor 2 Rafael Antonio Ortiz, II Case number (if known) Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** (before deductions and Check all that apply. Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$177,189.00 \$90,594.00 ■ Wages, commissions, Wages, commissions, (January 1 to December 31, 2023) bonuses, tips bonuses, tips ☐ Operating a business Operating a business For the calendar year before that: \$120,572.00 \$87,000.00 ■ Wages, commissions, Wages, commissions, (January 1 to December 31, 2022) bonuses, tips bonuses, tips ☐ Operating a business Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Nο Yes. Fill in the details. **Debtor 1** Debtor 2 Sources of income Gross income from Sources of income Gross income Describe below. Describe below. (before deductions each source (before deductions and and exclusions) exclusions) From January 1 of current year until VA Disability \$14,104.00 the date you filed for bankruptcy: **VA Disability** \$15.867.00 For last calendar year: **VA Disability** \$20,274.00 (January 1 to December 31, 2023) For the calendar year before that: **VA Disability** \$19.393.00 (January 1 to December 31, 2022) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575* or more? □ No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$7,575* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? □ No. Go to line 7. Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

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Page 10 of 86 Document **Tara Marie Vaughns** Debtor 1 Debtor 2 Rafael Antonio Ortiz, II Case number (if known) **Creditor's Name and Address Total amount** Amount you Was this payment for ... Dates of payment still owe paid Goldman Sachs Bank USA \$6,103.00 Jul 24 - Aug 24 \$2,470.00 ☐ Mortgage Attn: Bankruptcy ☐ Car Po Box 70379 ■ Credit Card Philadelphia, PA 19176 ☐ Loan Repayment ☐ Suppliers or vendors □ Other **NAVY FCU** Jul 24 - Sep 24 \$4,539.00 \$107,448.00 □ Mortgage Attn: Bankruptcy ■ Car Po Box 3000 ☐ Credit Card Merrifield, VA 22119 ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other__ **Freedom Mortgage Corporation** Jul 24 - Sep 24 \$11,901.00 \$501,919.00 Mortgage Attn: Bankruptcy ☐ Car 907 Pleasant Valley Ave, Ste 3 ☐ Credit Card Mt Laurel, NJ 08054 ☐ Loan Repayment ☐ Suppliers or vendors ☐ Other Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Nο Yes. List all payments to an insider. **Insider's Name and Address Dates of payment Total amount** Amount you Reason for this payment paid still owe 8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an Include payments on debts guaranteed or cosigned by an insider. No Yes. List all payments to an insider **Insider's Name and Address** Dates of payment **Total amount** Amount you Reason for this payment still owe Include creditor's name paid Part 4: Identify Legal Actions, Repossessions, and Foreclosures

Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

Case title Nature of the case Court or agency Status of the case Case number

| | | Rafael Antonio Ortiz, II | | Ca | ase number (| if known) | |
|-----|---------------|---|-------------|---|----------------|--------------------------|--------------------------|
| 10. | | n 1 year before you filed for bankru a all that apply and fill in the details be | | as any of your property repossessed, | , foreclosed, | garnished, attached | I, seized, or levied? |
| | | de Ce te line 44 | | | | | |
| | _ | No. Go to line 11. Yes. Fill in the information below. | | | | | |
| | | | | and the Bernards | | Data | Wales of the |
| | Cred | itor Name and Address | | scribe the Property plain what happened | | Date | Value of the property |
| | | | LA | piairi wiiat iiappeiieu | | | |
| 11. | | n 90 days before you filed for bank unts or refuse to make a payment b | | did any creditor, including a bank or f you owed a debt? | financial ins | titution, set off any a | mounts from your |
| | | No | | | | | |
| | □ Y | Yes. Fill in the details. | | | | | |
| | Cred | itor Name and Address | De | scribe the action the creditor took | | Date action was taken | Amount |
| 12. | | n 1 year before you filed for bankru -appointed receiver, a custodian, o | | as any of your property in the posses er official? | ssion of an a | ssignee for the bene | fit of creditors, a |
| | _ | No | | | | | |
| | □ Y | ⁄es | | | | | |
| Par | t 5: | List Certain Gifts and Contribution | ns | | | | |
| 13. | _ | n 2 years before you filed for bankı No | uptcy, | did you give any gifts with a total valu | ie of more th | an \$600 per person? | • |
| | □ Y | es. Fill in the details for each gift. | | | | | |
| | | with a total value of more than \$60 person | 00 | Describe the gifts | | Dates you gave the gifts | Value |
| | Perso Addr | on to Whom You Gave the Gift and | l | | | | |
| 14. | Withir | n 2 years before you filed for bankı | uptcy, (| did you give any gifts or contributions | s with a total | value of more than | \$600 to any charity? |
| | | No | | | | | |
| | □ Y | es. Fill in the details for each gift or o | contribut | ion. | | | |
| | | or contributions to charities that the than \$600 | total | Describe what you contributed | | Dates you contributed | Value |
| | | ity's Name 'ess (Number, Street, City, State and ZIP Cod | e) | | | | |
| Par | t 6: | List Certain Losses | | | | | |
| 15. | Withir | | ıptcy or | since you filed for bankruptcy, did yo | ou lose anyth | ning because of thef | t, fire, other disaster |
| | | 1- | | | | | |
| | _ | No | | | | | |
| | | Yes. Fill in the details. | | | | | |
| | | cribe the property you lost and the loss occurred | | ibe any insurance coverage for the lose the amount that insurance has paid. Lis | | Date of your loss | Value of property lost |
| | | | | nce claims on line 33 of Schedule A/B: P | | | |
| Par | t 7: | List Certain Payments or Transfer | s | | | | |
| | | · | | | | | |
| 16. | consu | ulted about seeking bankruptcy or | prepari | id you or anyone else acting on your bing a bankruptcy petition? s, or credit counseling agencies for servi | | | ty to anyone you |
| | | No | | | | | |
| | ■ Y | Yes. Fill in the details. | | | | | |
| | Perso | on Who Was Paid | | Description and value of any proper | erty | Date payment | Amount of |
| | Addr | ess | | transferred | | or transfer was | payment |
| | | il or website address on Who Made the Payment, if Not \ | ′ ou | | | made | |

Debtor 1 Tara Marie Vaughns
Debtor 2 Rafael Antonio Ortiz, II

Case number (if known)

| | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You | Description and val transferred | lue of any property | Date payment or transfer was made | Amount of payment | | | |
|-----|--|--|------------------------|---|-------------------------------|--|--|--|
| | Jeff Field & Associates 342 North Clarendon Ave. Scottdale, GA 30079 contactus@fieldlawoffice.com | Filing Fee \$313 Credit Report + C | ounseling \$122 | 9/23/24 | \$435.00 | | | |
| 17. | Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. | | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Person Who Was Paid Address | Description and val transferred | lue of any property | Date payment or transfer was made | Amount of payment | | | |
| 18. | Within 2 years before you filed for bankruptcy, transferred in the ordinary course of your busin Include both outright transfers and transfers made include gifts and transfers that you have already listed No. Yes. Fill in the details. | ness or financial affair as security (such as the | s? | | | | | |
| | Person Who Received Transfer Address Person's relationship to you | Description and val property transferred | d pa | escribe any property or lyments received or debts lid in exchange | Date transfer was made | | | |
| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No | | | | | | | |
| | ☐ Yes. Fill in the details. Name of trust | Description and val | lue of the property tr | ransferred | Date Transfer was made | | | |
| Par | List of Certain Financial Accounts, Instru | uments, Safe Deposit E | Boxes, and Storage I | Units | made | | | |
| 20. | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. No | | | | | | | |
| | Yes. Fill in the details. Name of Financial Institution and | ast 4 digits of | Type of account or | Date account was | Last balance | | | |
| | Address (Number, Street, City, State and ZIP Code) | ccount number | instrument | closed, sold, moved, or transferred | before closing or transfer | | | |
| 21. | Do you now have, or did you have within 1 yea cash, or other valuables? | r before you filed for b | ankruptcy, any safe | deposit box or other deposit | tory for securities, | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acces Address (Number, Stre State and ZIP Code) | | ibe the contents | Do you still have it? | | | |
| | | | | | | | | |

Debtor 1 Tara Marie Vaughns
Debtor 2 Rafael Antonio Ortiz, II

Case number (if known)

| 22. | Have you stored property in a storage unit or pla | ce other than your home within 1 | year before you filed for bankruptcy? | • |
|-----|--|---|--|-----------------------|
| | ■ No | | | |
| | Yes. Fill in the details. | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? |
| Par | 19: Identify Property You Hold or Control for S | omeone Else | | |
| 23. | Do you hold or control any property that someor for someone. | ne else owns? Include any proper | ty you borrowed from, are storing for | , or hold in trust |
| | ■ No | | | |
| | ☐ Yes. Fill in the details. | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Value |
| Par | 10: Give Details About Environmental Information | , | | |
| For | he purpose of Part 10, the following definitions a | pply: | | |
| _ | Environmental law means any federal, state, or letoxic substances, wastes, or material into the air regulations controlling the cleanup of these substances. | r, land, soil, surface water, ground stances, wastes, or material. | lwater, or other medium, including sta | atutes or |
| | Site means any location, facility, or property as of to own, operate, or utilize it, including disposal s | | aw, whether you now own, operate, o | or utilize it or used |
| | Hazardous material means anything an environm hazardous material, pollutant, contaminant, or si | | waste, hazardous substance, toxic s | ubstance, |
| Rep | ort all notices, releases, and proceedings that you | u know about, regardless of when | they occurred. | |
| 24. | Has any governmental unit notified you that you | may be liable or potentially liable | under or in violation of an environme | ental law? |
| | ■ No □ Yes. Fill in the details. | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
| 25. | Have you notified any governmental unit of any r | release of hazardous material? | | |
| | ■ No □ Yes. Fill in the details. | | | |
| | | 0 | Environmental law Manage | Data of watter |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice |
| 26. | Have you been a party in any judicial or administ | rative proceeding under any envi | ronmental law? Include settlements a | nd orders. |
| | ■ No □ Yes. Fill in the details. | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case |
| Par | 111: Give Details About Your Business or Conn | ections to Any Business | | |
| 27. | Within 4 years before you filed for bankruptcy, d | id you own a business or have an | y of the following connections to any | business? |
| | ☐ A sole proprietor or self-employed in a tr | | · | |
| | ☐ A member of a limited liability company (| LLC) or limited liability partnersh | ip (LLP) | |

| | btor 1 Tara Marie Vaughns btor 2 Rafael Antonio Ortiz, II | Ca | ase number (if known) | | | | | |
|-----|--|--|---|--|--|--|--|--|
| | ☐ A partner in a partnership | | | | | | | |
| | ☐ An officer, director, or managing ex | ecutive of a corporation | utive of a corporation | | | | | |
| | ☐ An owner of at least 5% of the voting | g or equity securities of a corporation | | | | | | |
| | No. None of the above applies. Go to Part 12. | | | | | | | |
| | Yes. Check all that apply above and fill | Yes. Check all that apply above and fill in the details below for each business. | | | | | | |
| | Business Name Address (Number, Street, City, State and ZIP Code) | Describe the nature of the business Name of accountant or bookkeeper | Employer Identification number Do not include Social Security number or ITIN. Dates business existed | | | | | |
| | (, , , , | Name of accountant of bookkeeper | | | | | | |
| | Eye of the Beholder 5005 Hopewell Manor Dr | Event planning | EIN: Debtor's SSN | | | | | |
| | Cumming, GA 30028 | Debtor | From-To 2020 - 2023 | | | | | |
| 28. | institutions, creditors, or other parties. | cy, did you give a financial statement to a | anyone about your business? Include all financial | | | | | |
| | ■ No □ Yes. Fill in the details below. | | | | | | | |
| | Name Address (Number, Street, City, State and ZIP Code) | Date Issued | | | | | | |

| Debto | r 1 Tara Marie Vaughns | | |
|-----------------------|--|-------------------|--|
| Debto | r 2 Rafael Antonio Ortiz, II | | Case number (if known) |
| | | | |
| Part 1 | 2: Sign Below | | |
| l have | read the answers on this Statement of Fina | ancial Affairs ar | nd any attachments, and I declare under penalty of perjury that the answers |
| are tru | e and correct. I understand that making a f | alse statement, | , concealing property, or obtaining money or property by fraud in connection |
| | bankruptcy case can result in fines up to \$ | 250,000, or imp | orisonment for up to 20 years, or both. |
| 18 U.S | .C. §§ 152, 1341, 1519, and 3571. | | |
| /s/ Ta | ara Marie Vaughns | /s/ Ra | nfael Antonio Ortiz, II |
| Tara Marie Vaughns | | Rafae | el Antonio Ortiz, II |
| Signature of Debtor 1 | | Signat | ture of Debtor 2 |
| Date | September 27, 2024 | Date | September 27, 2024 |
| Did yo | u attach additional pages to Your Stateme | nt of Financial A | Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| ■ No | | | |
| ☐ Yes | | | |
| Did yo | u pay or agree to pay someone who is not | an attorney to I | help you fill out bankruptcy forms? |
| ■ No | | | |
| ☐ Yes | . Name of Person . Attach the Bankrup | tcy Petition Pre | parer's Notice, Declaration, and Signature (Official Form 119). |

| | Document Page 16 of 86 | | |
|--|---|---------------------------|--|
| Fill in this information to identify your case | and this filing: | | |
| Debtor 1 Tara Marie Vaughns | | | |
| First Name | Middle Name Last Name | | |
| Debtor 2 Rafael Antonio Ortiz, (Spouse, if filing) First Name | II Middle Name Last Name | | |
| 3, | | | |
| United States Bankruptcy Court for the: NO | RTHERN DISTRICT OF GEORGIA | | |
| Case number | | | ☐ Check if this is an |
| | | | amended filing |
| | | | |
| Official Form 106A/B | | | |
| Schedule A/B: Proper | tv | | 12/15 |
| | as. List an asset only once. If an asset fits in more than one c | ategory list the asset i | |
| Do you own or have any legal or equitable inte No. Go to Part 2. Yes. Where is the property? | est in any residence, building, land, or similar property? | | |
| 1.1 Residence 5005 Hopewell Manor Dr | What is the property? Check all that apply Single-family home Duplex or multi-unit building | the amount of any secur | claims or exemptions. Put red claims on <i>Schedule D:</i> |
| Street address, if available, or other description | Condominium or cooperative | Creditors Who Have Cla | aims Secured by Property. |
| | ☐ Manufactured or mobile home | Current value of the | Current value of the |
| Cumming GA 30028-0 | | entire property? | portion you own? |
| City State ZIP Co | de ☐ Investment property ☐ Timeshare | \$662,774.00 | \$662,774.00 |
| | Other | | your ownership interest nancy by the entireties, or |
| | Who has an interest in the property? Check one | a life estate), if known. | |
| | ■ Debtor 1 only | Fee Simple | |
| Forsyth | Debtor 2 only | | |
| County | Debtor 1 and Debtor 2 only | ☐ Check if this is co | mmunity property |
| | At least one of the debtors and another Other information you wish to add about this item, | (see instructions) | |
| | property identification number: | Sucii as local | |
| | | | |
| | | | |
| | | | |
| 2. Add the dollar value of the portion you | own for all of your entries from Part 1, including any e | entries for | |
| | te that number here | | \$662,774.00 |

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

| Debt | | afael Antonio Ortiz, II | | Case number (if known) | |
|--------------|------------------|--|--|--|---|
| 3. Ca | rs, vans, | trucks, tractors, sport utility ve | hicles, motorcycles | | |
| | No | | | | |
| | Yes | | | | |
| _ | 165 | | | | |
| 3.1 | Make: | Cadillac | Who has an interest in the property? Check one | | d claims or exemptions. Put |
| | Model: | Escalade ESV | Debtor 1 only | | cured claims on Schedule D: Claims Secured by Property. |
| | Year: | 2023 | Debtor 2 only | | |
| | Approxin | nate mileage: 32000 | ■ Debtor 1 and Debtor 2 only | Current value of the entire property? | Current value of the portion you own? |
| | Other inf | ormation: | ☐ At least one of the debtors and another | | |
| | | | _ | ¢04.000.0 | 0 |
| | | | ☐ Check if this is community property (see instructions) | \$91,000.00 | 91,000.00 |
| 3.2 | Make: | Lincoln | Who has an interest in the property? Check one | Do not deduct secure | d claims or exemptions. Put |
| 3.2 | Model: | MKZ Hybrid | Debtor 1 only | | cured claims on Schedule D: Claims Secured by Property. |
| | Year: | 2013 | Debtor 2 only | Creditors who have t | Claims Secured by Property. |
| | | nate mileage: 170000 | ■ Debtor 1 and Debtor 2 only | Current value of the entire property? | Current value of the portion you own? |
| | | ormation: | ☐ At least one of the debtors and another | ontilo proporty. | portion you own. |
| | | | | | |
| | | | ☐ Check if this is community property (see instructions) | \$5,250.00 | 5,250.00 |
| 1 W: | tercraft | aircraft motor homes ATVs an | d other recreational vehicles, other vehicles | and accessories | |
| | Yes dd the dd | ollar value of the portion you ow | n for all of your entries from Part 2, including | g any entries for | #0C 250 00 |
| | | | that number here | | \$96,250.00 |
| Part 3 | Descri | be Your Personal and Household Ite | ame | | |
| | | | terest in any of the following items? | | Current value of the |
| · | | , , , | , , | | portion you own? Do not deduct secured claims or exemptions. |
| <i>E</i> : | kamples: No | goods and furnishings Major appliances, furniture, linens | , china, kitchenware | | |
| | Yes. De | scribe | | | |
| | | Household goo | ds, appliances, and electronics | | \$5,000.00 |
| | | | | | |
| | | | eo, stereo, and digital equipment; computers, pr nedia players, games | rinters, scanners; music colle | ections; electronic devices |
| | No | | - | | |
| | Yes. De | scribe | | | |
| | kamples: | s of value Antiques and figurines; paintings, other collections, memorabilia, co | prints, or other artwork; books, pictures, or othe llectibles | er art objects; stamp, coin, or | baseball card collections; |
| | No | | | | |
| | Yes. De | scribe | | | |

Official Form 106A/B Schedule A/B: Property page 2

| | | e Vaughns tonio Ortiz, II | Case number | (if known) |
|-----|---|------------------------------------|--|---|
| 9. | musical in | otographic, exercise, and other | hobby equipment; bicycles, pool tables, golf clubs, skie | s; canoes and kayaks; carpentry tools; |
| | ■ No □ Yes. Describe | | | |
| 10. | ■ No | ifles, shotguns, ammunition, and | d related equipment | |
| | Yes. Describe | | | |
| 11. | Clothes | v clothes, furs, leather coats, de | esigner wear, shoes, accessories | |
| | Tes. Describe | Clathing and Shape | | \$2,000.00 |
| | | Clothing and Shoes | | \$2,000.00 |
| 12. | Jewelry Examples: Everyday □ No ■ Yes. Describe | v jewelry, costume jewelry, enga | agement rings, wedding rings, heirloom jewelry, watche | s, gems, gold, silver |
| | | 2.5 ct diamond weddii | ng ring | \$7,000.00 |
| | ■ No □ Yes. Give specific | information | d not already list, including any health aids you did | |
| 10 | | | Part 3, including any entries for pages you have atta | \$14,000.00 |
| | art 4: Describe Your Fin | | | |
| Do | o you own or have an | ny legal or equitable interest in | n any of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. | □ No | ou have in your wallet, in your h | nome, in a safe deposit box, and on hand when you file | your petition |
| | | | Cash | \$0.00 |
| 17. | institution | | counts; certificates of deposit; shares in credit unions, but the same institution, list each. | rokerage houses, and other similar |
| | □ No ■ Yes | | Institution name: | |
| | | 17.1. Checking | United Community Bank | \$1,150.00 |

Official Form 106A/B Schedule A/B: Property page 3

| Debtor | | Antonio Ortiz | , II | Case number (if known) | |
|------------------------|----------------------------------|---------------------------|--|--|--------------------------|
| | | 17.2. | Checking | United Community Bank | \$98.00 |
| | | 17.3. | Checking and Savings | Navy FCU | \$0.00 |
| | | 17.4. | Checking and Savings | Navy FCU | \$0.00 |
| | amples: Bond | | ly traded stocks nt accounts with broke | erage firms, money market accounts | |
| ПΥ | es | | Institution or issuer na | ame: | |
| joi≀ ■ _N | nt venture lo | | • | ated and unincorporated businesses, including an interest in | an LLC, partnership, and |
| ШΥ | es. Give spec | | about them ne of entity: | % of ownership: | |
| Ne | egotiable instru | <i>ment</i> s include p | ersonal checks, cashi | able and non-negotiable instruments iers' checks, promissory notes, and money orders. sfer to someone by signing or delivering them. | |
| ■ N | - | | | | |
| ШΥ | es. Give speci | fic information a Issu | bout them er name: | | |
| | amples: Intere | nsion accounts | | 3(b), thrift savings accounts, or other pension or profit-sharing plar | ns |
| ■ Y | es. List each a | account separate | ely. of account: | Institution name: | |
| | | 401(k |) | Empower | \$392.00 |
| | | | <u> </u> | | |
| Yo Exa | ur share of all amples: Agree | | s you have made so th | hat you may continue service or use from a company ublic utilities (electric, gas, water), telecommunications companies | , or others |
| ■ N □ Y | lo 'es | | | Institution name or individual: | |
| 23. Anr ■ N | • | ract for a period | lic payment of money | to you, either for life or for a number of years) | |
| | es | Issuer name | e and description. | | |
| 26 L | J.S.C. §§ 530(I | ucation IRA, in | | alified ABLE program, or under a qualified state tuition progra | am. |
| ■ N □ Y | lo 'es | Institution n | ame and description. | Separately file the records of any interests.11 U.S.C. § 521(c): | |
| _ | | or future inter | ests in property (oth | ner than anything listed in line 1), and rights or powers exercis | sable for your benefit |
| ■ N □ Y | - | ific information a | about them | | |
| Ex | amples: Intern | | | other intellectual property s from royalties and licensing agreements | |
| ■ N □ Y | | ific information a | about them | | |

Case 24-21202-jrs Doc 1 Filed 09/27/24 Entered 09/27/24 09:45:48 Desc Main Page 20 of 86 Document Debtor 1 Tara Marie Vaughns Debtor 2 Rafael Antonio Ortiz, II Case number (if known) 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses Nο ☐ Yes. Give specific information about them... Current value of the Money or property owed to you? portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ■ No ☐ Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information...

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached

for Part 4. Write that number here.....

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.

☐ Yes. Go to line 38.

\$1,640.00

| Debi | tor 1 Tara Marie Vaughns tor 2 Rafael Antonio Ortiz, II | | Case number (if known) | |
|------|--|-----------------------------|------------------------------|--------------|
| Part | 6: Describe Any Farm- and Commercial Fishing-Related Propert If you own or have an interest in farmland, list it in Part 1. | y You Own or Have an Intere | st In. | |
| | Do you own or have any legal or equitable interest in any f | arm- or commercial fishi | ng-related property? | |
| | Yes. Go to line 47. | | | |
| Part | 7: Describe All Property You Own or Have an Interest in Th | at You Did Not List Above | | _ |
| | Do you have other property of any kind you did not already Examples: Season tickets, country club membership No Yes. Give specific information Add the dollar value of all of your entries from Part 7. Wr | | | \$0.00 |
| Part | <u> </u> | ne that humber here | | \$0.00 |
| 55. | Part 1: Total real estate, line 2 | | | \$662,774.00 |
| 56. | Part 2: Total vehicles, line 5 | \$96,250.00 | | |
| 57. | Part 3: Total personal and household items, line 15 | \$14,000.00 | | |
| 58. | Part 4: Total financial assets, line 36 | \$1,640.00 | | |
| 59. | Part 5: Total business-related property, line 45 | \$0.00 | | |
| 60. | Part 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. | Part 7: Total other property not listed, line 54 | + \$0.00 | | |
| 62. | Total personal property. Add lines 56 through 61 | \$111,890.00 | Copy personal property total | \$111,890.00 |
| 63. | Total of all property on Schedule A/B Add line 55 + line 63 | 2 | | \$774 664 00 |

Official Form 106A/B Schedule A/B: Property page 6

Case 24-21202-jrs Doc 1 Filed 09/27/24 Entered 09/27/24 09:45:48 Desc Mair Document Page 22 of 86

| Fill in this information to identify your case: | | | | | | | |
|---|--------------------------|-------------------|------------|--|-----------------------|--|--|
| Debtor 1 | Tara Marie Vaugh | nns | | | | | |
| | First Name | Middle Name | Last Name | | | | |
| Debtor 2 | Rafael Antonio O | rtiz, II | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF GEORGIA | | | | |
| Case number (if known) | | | | | ☐ Check if this is an | | |
| (| | | | | amended filing | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| 1. | Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. | | | | | | | | |
|----|--|--|-----|---|------------------------------------|--|--|--|--|
| | ■ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) | | | | | | | | |
| | ☐ You are claiming federal exemptions. 11 l | J.S.C. § 522(b)(2) | | | | | | | |
| 2. | For any property you list on Schedule A/B that you claim as exempt, fill in the information below. | | | | | | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption | | | | |
| | | Copy the value from Check only one box for each exemption. Schedule A/B | | eck only one box for each exemption. | | | | | |
| | Residence 5005 Hopewell Manor Dr Cumming, GA 30028 Forsyth County | \$662,774.00 | | \$43,000.00 | O.C.G.A. § 44-13-100(a)(1) | | | | |
| | Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| | 2023 Cadillac Escalade ESV 32000 miles | \$91,000.00 | | \$0.00 | O.C.G.A. § 44-13-100(a)(3) | | | | |
| | Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| | 2013 Lincoln MKZ Hybrid 170000 | \$5,250.00 | | \$5,250.00 | O.C.G.A. § 44-13-100(a)(3) | | | | |
| | Line from Schedule A/B: 3.2 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| | Household goods, appliances, and electronics | \$5,000.00 | | \$5,000.00 | O.C.G.A. § 44-13-100(a)(4) | | | | |
| | Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | | | | | |
| | Clothing and Shoes Line from Schedule A/B: 11.1 | \$2,000.00 | | \$2,000.00 | O.C.G.A. § 44-13-100(a)(4) | | | | |
| | LINE HOTH SCHEAUIE A/B. TT.T | | | 100% of fair market value, up to | | | | | |

any applicable statutory limit

| Debtor 1 Debtor 2 | Tara Marie Vaughns Rafael Antonio Ortiz, II | | | Case number (if known) | |
|-------------------------------|--|--------------------------------------|---------|---|--|
| | description of the property and line on edule A/B that lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption O.C.G.A. § 44-13-100(a)(5) O.C.G.A. § 44-13-100(a)(6) O.C.G.A. § 44-13-100(a)(6) O.C.G.A. § 44-13-100(a)(6) O.C.G.A. § 44-13-100(a)(6) O.C.G.A. § 44-13-100(a)(6) |
| | | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| | ct diamond wedding ring from Schedule A/B: 12.1 | \$7,000.00 | | \$1,000.00 | O.C.G.A. § 44-13-100(a)(5) |
| 2.110 | Tell esticate to B. I.E. | | | 100% of fair market value, up to any applicable statutory limit | Specific laws that allow exemption O.C.G.A. § 44-13-100(a)(5) O.C.G.A. § 44-13-100(a)(6) O.C.G.A. § 44-13-100(a)(6) O.C.G.A. § 44-13-100(a)(6) O.C.G.A. § 44-13-100(a)(6) O.C.G.A. § 44-13-100(a)(6) |
| | ct diamond wedding ring | \$7,000.00 | | \$6,000.00 | O.C.G.A. § 44-13-100(a)(6) |
| Line | Telli esitedale 702. Tali | | | 100% of fair market value, up to any applicable statutory limit | |
| Cas | h from Schedule A/B: 16.1 | \$0.00 | | \$0.00 | O.C.G.A. § 44-13-100(a)(6) |
| Line | Hom Scriedule A/B. 10.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | cking: United Community Bank | \$1,150.00 | | \$1,100.00 | O.C.G.A. § 44-13-100(a)(6) |
| LINE | Hom Schedule AVD. 11.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | cking: United Community Bank | \$98.00 | | \$98.00 | O.C.G.A. § 44-13-100(a)(6) |
| LINE | Hom Schedule AVD. 17.2 | | | 100% of fair market value, up to any applicable statutory limit | O.C.G.A. § 44-13-100(a)(6) |
| | cking and Savings: Navy FCU from Schedule A/B: 17.3 | \$0.00 | | \$0.00 | O.C.G.A. § 44-13-100(a)(6) |
| Line from Schedule A/B: 17.3 | | | | 100% of fair market value, up to any applicable statutory limit | |
| | (k): Empower from Schedule A/B: 21.1 | \$392.00 | | \$392.00 | |
| Line Horit Schedule A/D. 21.1 | | | | 100% of fair market value, up to any applicable statutory limit | 44-13-100(a)(2.1)(0) |
| | you claiming a homestead exemption ject to adjustment on 4/01/25 and every No Yes. Did you acquire the property cover | 3 years after that for ca | ises fi | • | , |
| | □ No □ Yes | | | | |

| | | Document Pag | ge 24 | of 86 | | |
|-----------------------|---------------------------|---|------------|-----------------------|-------------------------|---------------|
| Fill in this inform | ation to identify you | | | | | |
| Debtor 1 | Tara Marie Vaud | ahns | | | | |
| | First Name | | Name | | - | |
| Debtor 2 | Rafael Antonio | Ortiz, II | | | | |
| (Spouse if, filing) | First Name | Middle Name Last | Name | | - | |
| United States Ban | kruptcy Court for the: | NORTHERN DISTRICT OF GEORG | Α | | _ | |
| Case number | | | | | | |
| (if known) | | | | | ☐ Check | if this is an |
| | | | | | ameno | ded filing |
| 000 : 15 | 1000 | | | | | |
| Official Form | | | | | | |
| Schedule I | D: Creditors | s Who Have Claims Sec | ured | l by Propert | У | 12/15 |
| | | If two married people are filing together, bot out, number the entries, and attach it to this | | | | |
| 1. Do any creditors h | nave claims secured by | y your property? | | | | |
| ☐ No. Check | this box and submit t | his form to the court with your other sched | lules. Yo | u have nothing else t | to report on this form. | |
| Yes Fill in | all of the information | helow | | _ | | |
| | Secured Claims | 20.011. | | | | |
| | | and the second states that the second | | Column A | Column B | Column C |
| | | more than one secured claim, list the creditor se s a particular claim, list the other creditors in Pa | | Amount of claim | Value of collateral | Unsecured |
| much as possible, lis | t the claims in alphabeti | cal order according to the creditor's name. | | Do not deduct the | that supports this | portion |
| Freedom N | Mortgage | | | value of collateral. | claim | If any |
| 2.1 Corporation | | Describe the property that secures the cla | im: | \$501,919.00 | \$662,774.00 | \$0.00 |
| Creditor's Name | | Residence 5005 Hopewell Manor | Dr | | | |
| Attn: Bank | ruptcy | Cumming, GA 30028 Forsyth | | | | |
| | int Valley Ave, | County | | | | |
| Ste 3 | , | As of the date you file, the claim is: Check a apply. | II that | | | |
| Mt Laurel, | NJ 08054 | Contingent | | | | |
| Number, Street, 0 | City, State & Zip Code | ☐ Unliquidated | | | | |
| | | ☐ Disputed | | | | |
| Who owes the deb | ot? Check one. | Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | | An agreement you made (such as mortga | ge or secu | ured | | |
| Debtor 2 only | | car loan) | | | | |
| Debtor 1 and Deb | otor 2 only | ☐ Statutory lien (such as tax lien, mechanic' | s lien) | | | |
| | e debtors and another | ☐ Judgment lien from a lawsuit | | | | |
| ☐ Check if this cla | | Other (including a right to offset) | | | | |
| • | Opened | | | | | |

07/22 Last Active

Date debt was incurred 8/09/24

Last 4 digits of account number

| Debtor | Tara Marie | Vaughns | | | | Case number (if known) | | |
|---------------|-----------------------------------|-----------------------|-----------------------|--|---------------|--|--|-------------|
| | First Name | Middle N | ame | Last Name | | | | |
| Debtor 2 | | tonio Ortiz, II | | | | | | |
| | First Name | Middle N | ame | Last Name | | | | |
| 2.2 N | AVY FCU | | Describe the p | roperty that secures the | claim: | \$107,448.00 | \$91,000.00 | \$16,448.00 |
| $\overline{}$ | editor's Name | | 2023 Cadilla | ac Escalade ESV 3 | 2000 | | + | |
| | | | miles | | | | | |
| At | tn: Bankrup | otcy | As of the date | veville the eleimie. | 1: -11 111 | | | |
| | Box 3000 | | apply. | you file, the claim is: Ch | eck all that | | | |
| M | errifield, VA | 22119 | ☐ Contingent | | | | | |
| Nu | mber, Street, City, S | State & Zip Code | ☐ Unliquidated | t | | | | |
| | | | Disputed | | | | | |
| _ | es the debt? C | heck one. | _ | . Check all that apply. | | | | |
| ☐ Debto | • | | - | ent you made (such as mo | ortgage or se | ecured | | |
| ☐ Debto | • | | car loan) | | | | | |
| | or 1 and Debtor 2 | , | | n (such as tax lien, mecha | anic's lien) | | | |
| | st one of the deb | | | en from a lawsuit | | | | |
| | k if this claim re munity debt | elates to a | ☐ Other (included) | ding a right to offset) | | | | |
| | | | | | | | | |
| | | Opened | | | | | | |
| | | 08/23 Last | | | | | | |
| Date del | ot was incurred | Active 8/31/24 | last 4 d | ligits of account number | r 5673 | | | |
| - Date del | n was incurred | 0/31/24 | | ingits of account number | <u> </u> | | | |
| 2.3 PI | VII Northeast | Atlanta | Describe the p | roperty that secures the | claim: | Unknown | \$662,774.00 | Unknown |
| $\overline{}$ | editor's Name | | | 5005 Hopewell Mar | | | ************************************* | |
| | | | | GA 30028 Forsyth | | | | |
| 33 | 60 Martin Fa | ırm Rd | County | | | | | |
| | 00 | | As of the date apply. | you file, the claim is: Ch | eck all that | | | |
| Sı | ıwanee, GA | 30024 | Contingent | | | | | |
| Nu | mber, Street, City, S | State & Zip Code | ☐ Unliquidated | d | | | | |
| | | | □ Disputed | | | | | |
| Who ow | res the debt? C | heck one. | Nature of lien | . Check all that apply. | | | | |
| Debto | or 1 only | | • | ent you made (such as mo | ortgage or se | ecured | | |
| ☐ Debto | • | | car loan) | | | | | |
| | or 1 and Debtor 2 | • | | n (such as tax lien, mecha | anic's lien) | | | |
| _ | | tors and another | ☐ Judgment lie | en from a lawsuit | | | | |
| | k if this claim re munity debt | elates to a | Other (include | ding a right to offset) | IOA | | | |
| COIII | mamity debt | | | | | | | |
| Date del | ot was incurred | | _ Last 4 d | ligits of account number | r | | | |
| | | | | | | | | |
| Add th | o dollar valua of | f vour ontrine in C | olumn A on thic | naga Write that numbe | r horo: | \$600.267.0 | 0 | |
| | | = | | page. Write that numbe totals from all pages. | r nere: | \$609,367.0 | | |
| | hat number here | | | rotalo irolli ali pagooi | | \$609,367.0 | 0 | |
| Part 2: | List Others t | o Be Notified fo | r a Debt That \ | You Already Listed | | | | |
| | | | | • | abt that was | u already listed in Dort 4. Far | avamula if a sallasti | |
| | | | | | | u already listed in Part 1. For then list the collection agen | | |
| than one | creditor for any | y of the debts that | you listed in Pa | | | re. If you do not have addition | | |
| | rart i, do not fi | II out or submit th | is page. | | | | | |
| [] | Name, Number. S | Street, City, State 8 | Zip Code | | On wh | ich line in Part 1 did you enter | the creditor? 21 | |
| | US Departme | ent of VA | • | | OH WII | ion into in rain i did you ciller | and ordantor: | |
| | P.O. Box 397 | - | | | Last 4 | digits of account number | | |
| | Portland, OR | 97208 | | | | | | |

| Debtor ' | Tara Marie Vaughns | | | Case number (if known) |
|----------|---|--------------|-----------|--|
| | First Name | Middle Name | Last Name | |
| Debtor 2 | 2 Rafael Anton | io Ortiz, II | | |
| | First Name | Middle Name | Last Name | |
| | Name, Number, Street, City, State & Zip Code US Dept. of HUD 451 7th Street S.W. Washington, DC 20410 | | | On which line in Part 1 did you enter the creditor? Last 4 digits of account number |

Case 24-21202-irs Doc 1 Filed 09/27/24 Entered 09/27/24 09:45:48 Desc Main

| | | | Document | Page 27 of 8 | 36 | | |
|---------------------|---|--|---|--|-------------------------|---------------------|---------------------|
| Fil | l in this inforn | nation to identify your case: | | | | | |
| De | btor 1 | Tara Marie Vaughns | | | | | |
| | | First Name Mid | ddle Name | Last Name | | | |
| | btor 2 ouse if, filing) | Rafael Antonio Ortiz, II First Name Mic | ddle Name | Last Name | | | |
| | | | | | | | |
| Un | ited States Bar | nkruptcy Court for the: NORTH | HERN DISTRICT OF G | SEORGIA | | | |
| | se number _ | | | | | | |
| (if k | nown) | | | | | _ | k if this is an |
| | | | | | | amer | ided filing |
| Of | ficial Form | n 106E/F | | | | | |
| | | /F: Creditors Who Ha | ave Unsecured | l Claims | | | 12/15 |
| Sch left. nam | edule D: Credito Attach the Con ne and case nun | tory Contracts and Unexpired Lease ors Who Have Claims Secured by Pi tinuation Page to this page. If you h nber (if known). Il of Your PRIORITY Unsecured | roperty. If more space is nave no information to re | needed, copy the Part | you need, fill it out, | number the entries | in the boxes on the |
| | | ors have priority unsecured claims a | | | | | |
| • | No. Go to P | • • | .gamot you . | | | | |
| | Yes. | u., | | | | | |
| 2. | List all of your identify what typ possible, list the | r priority unsecured claims. If a cred be of claim it is. If a claim has both pric e claims in alphabetical order accordin than one creditor holds a particular cla | ority and nonpriority amounts to the creditor's name. I | nts, list that claim here a f you have more than tw | nd show both priority a | nd nonpriority amou | ints. As much as |
| | (For an explana | ation of each type of claim, see the ins | tructions for this form in th | e instruction booklet.) | Total claim | Priority amount | Nonpriority amount |
| 2.1 | Georgia | Department of Revenue | Last 4 digits of accor | unt number | \$0.00 | \$0.0 | |
| | Priority Cre | editor's Name | | | | | |
| | • | ance Division ARCS-BK entury Blvd. Suite 9100 | When was the debt in | ncurred? | | - | |
| | | GA 30345-3202 | | | | | |
| | | treet City State Zip Code | As of the date you fil | e, the claim is: Check a | all that apply | | |
| | _ | d the debt? Check one. | ☐ Contingent | | | | |
| | Debtor 1 o | only | ☐ Unliquidated | | | | |
| | Debtor 2 o | only | ☐ Disputed | | | | |
| | Debtor 1 a | and Debtor 2 only | Type of PRIORITY ur | nsecured claim: | | | |
| | ☐ At least on | ne of the debtors and another | ☐ Domestic support of | obligations | | | |
| | ☐ Check if t | his claim is for a community debt | Taxes and certain | other debts you owe the | government | | |
| | | subject to offset? | ☐ Claims for death or | r personal injury while yo | ou were intoxicated | | |
| | ■ No | | Other. Specify | | | | |

Notice Only

☐ Yes

| | otor 1 Tara Marie Vaughns Rafael Antonio Ortiz, II | | Case number (if known) | | |
|--|---|---|--|----------------------------|--|
| 2.2 | IRS Insolvency Unit | Last 4 digits of account number | \$0.00 | \$0.00 \$0.00 | |
| | Priority Creditor's Name 401 W. Peachtree St., NW Room 400, Stop 334-D Atlanta, GA 30308 | When was the debt incurred? | | | |
| | Number Street City State Zip Code | As of the date you file, the claim is: | Check all that apply | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | |
| | ■ Debtor 1 only | ☐ Unliquidated | | | |
| | ☐ Debtor 2 only | ☐ Disputed | | | |
| | ☐ Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured claim: | | | |
| | \square At least one of the debtors and another | ☐ Domestic support obligations | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ■ Taxes and certain other debts you □ Claims for death or personal injury | • | | |
| | ■ No | Other. Specify | | | |
| | Yes | Notice Only | | | |
| 4. | Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2. | laim. For each claim listed, identify what t | ype of claim it is. Do not list claims already in | ncluded in Part 1. If more | |
| 4.1 | Amex | Last 4 digits of account number | 7033 | \$5,319.00 | |
| | Nonpriority Creditor's Name Correspondence/Bankruptcy Po Box 981535 El Paso, TX 79998 Number Street City State Zip Code | When was the debt incurred? As of the date you file, the claim | Opened 02/22 Last Active 8/27/24 s: Check all that apply | _ | |
| | Who incurred the debt? Check one. | _ | | | |
| | Debtor 1 only | Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ At least one of the debtors and another | Student loans | a Ciaiiii. | | |
| ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | Yes | Other. Specify Credit Card | I | _ | |

| Debto | Rafael Antonio Ortiz, II | | Case number (if known | n) | |
|-------|---|--|---------------------------|-----------------------|------------|
| 4.2 | Amex | Last 4 digits of account number | 3753 | | \$4,435.00 |
| | Nonpriority Creditor's Name Correspondence/Bankruptcy Po Box 981535 El Paso. TX 79998 | When was the debt incurred? | Opened 03/21 L 9/17/24 | _ast Active | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or div | orce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharing | g plans, and other simil | ar debts | |
| | ☐ Yes | Other. Specify Credit Card | l | | |
| 4.3 | Amex | Last 4 digits of account number | 3683 | | \$938.00 |
| | Nonpriority Creditor's Name Correspondence/Bankruptcy Po Box 981535 El Paso. TX 79998 | When was the debt incurred? | Opened 05/21 L 9/13/24 | as Active | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | |
| | Who incurred the debt? Check one. | | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or div | orce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other simil | ar debts | |
| | Yes | Other. Specify Credit Card | l | | |
| 4.4 | Bank of America | Last 4 digits of account number | 4767 | | \$5,523.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy 4909 Savarese Circle Tampa, FL 33634 | When was the debt incurred? | Opened 04/23 L 6/14/24 | _ast Active | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or div | orce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other simil | ar debts | |
| | Yes | Other. Specify Credit Card | l | | |
| | | | | | |

| | Tara Marie Vaughns Rafael Antonio Ortiz, II | | Case number (if known) | | | | |
|---|--|---|--|------------|--|--|--|
| | Barclays Bank Delaware Nonpriority Creditor's Name Attn: Bankruptcy | Last 4 digits of account number | 5167 Opened 11/18 Last Active | \$567.00 | | | |
| | Po Box 8801 Wilmington, DE 19899 | When was the debt incurred? | 7/02/24 | | | | |
| _ | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | | |
| | ■ Debtor 1 only □ Debtor 2 only | ☐ Contingent ☐ Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | |
| | | ☐ Student loans | | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | | ration agreement or divorce that you did not | | | | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | | | | |
| | □ Yes | Other. Specify Credit Card | <u> </u> | | | | |
| | Capital One Nonpriority Creditor's Name | Last 4 digits of account number | 4540 | \$2,863.00 | | | |
| | Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 | When was the debt incurred? | Opened 11/17 Last Active 6/22/24 | | | | |
| _ | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | | | | | |
| | ■ No | Debts to pension or profit-sharin | | | | | |
| | Yes | Other. Specify Credit Card | | | | | |
| | Capital One Nonpriority Creditor's Name | Last 4 digits of account number | 7240 | \$1,051.00 | | | |
| | Attn: Bankruptcy Po Box 30285 | When was the debt incurred? | Opened 07/13 Last Active 6/22/24 | | | | |
| _ | Salt Lake City, UT 84130 Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | | | | | |
| | ■ Debtor 1 only | Пол | | | | | |
| | _ | | Contingent | | | | |
| | Debtor 2 only | Unliquidated | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | | | | | |
| | At least one of the debtors and another | Student loans | a Ciaiiil. | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | | | | | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | | | | |
| | Yes | Other Specify Credit Card | | | | | |

| | Tara Marie Vaughns Rafael Antonio Ortiz, II | | Case number (if known) | | | |
|-------|--|--|--|------------|--|--|
| | Capital One Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 Number Street City State Zip Code | Last 4 digits of account number When was the debt incurred? As of the date you file, the claim i | Opened 04/13 Last Active 6/18/24 | \$1,039.00 | | |
| | Who incurred the debt? Check one. | • | onoon an anatoppiy | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | | | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| | Yes | Other Specify Credit Card | | | | |
| | Capital One | Last 4 digits of account number | 6672 | \$452.00 | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130 | When was the debt incurred? | Opened 04/23 Last Active 09/24 | | | |
| _ | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | | | | |
| | Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | | | | |
| | ■ No | Debts to pension or profit-sharin | | | | |
| | Yes | Other. Specify Credit Card | <u> </u> | | | |
| ı • ı | Capital One/Walmart Nonpriority Creditor's Name | Last 4 digits of account number | 5555 | \$7,486.00 | | |
| | Attn: Bankruptcy P.O. Box 30285 Salt Lake City, UT 84130 | When was the debt incurred? | Opened 10/13 Last Active 6/19/24 | | | |
| _ | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa | | | | |
| | No | Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| | ☐ Yes | Other. Specify Credit Card | <u> </u> | | | |

| | or 1 Tara Marie Vaughns or 2 Rafael Antonio Ortiz, II | | Case number (if known) | | |
|----------|---|--|---|-------------|--|
| 4.1 1 | CFNA | Last 4 digits of account number | 4029 | \$531.00 | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 81315 Cleveland, OH 44181 | When was the debt incurred? | Opened 10/21 Last Active 6/06/24 | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | |
| | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only | ☐ Contingent ☐ Unliquidated ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharin | a plane, and other similar debts | | |
| | ■ No | , , | , | | |
| | ☐ Yes | Other. Specify Ctredit Car | d | | |
| 4.1 2 | Citibank/American Airlines Nonpriority Creditor's Name | Last 4 digits of account number | 9464 | \$1,505.00 | |
| | Centralized Bankruptcy Po Box 790040 St Louis, MO 63179 | When was the debt incurred? | Opened 01/22 Last Active 7/28/24 | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | As of the date you file, the claim is: Check all that apply | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | |
| | debt Is the claim subject to offset? — | report as priority claims | ration agreement or divorce that you did not | | |
| | ■ No | Debts to pension or profit-sharing | | | |
| | Yes | Other. Specify Credit Card | | | |
| 4.1 | Citibank/Best Buy Nonpriority Creditor's Name | Last 4 digits of account number | 4062 | \$21,516.00 | |
| | Centralized Bankruptcy Po Box 790040 St Louis, MO 63179 | When was the debt incurred? | Opened 05/20 Last Active 7/14/24 | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | | | |
| | Is the claim subject to offset? | report as priority claims | a plane and other similar date. | | |
| | ■ No | Debts to pension or profit-sharin | | | |
| | Yes | Other. Specify Credit Card | I | | |

| Debto Debto | or 1 Tara Marie Vaughns or 2 Rafael Antonio Ortiz, II | | Case number (if known) | |
|----------------|---|--|---|-------------|
| 4.1 4 | Citibank/The Home Depot | Last 4 digits of account number | 0693 | \$20,336.00 |
| | Nonpriority Creditor's Name Centralized Bankruptcy Po Box 790040 St Louis, MO 63179 | When was the debt incurred? | Opened 05/20 Last Active 6/25/24 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify Credit Card | <u> </u> | |
| 4.1 5 | Comenity Bank/Kay Jewelers Nonpriority Creditor's Name | Last 4 digits of account number | 9520 | \$3,237.00 |
| | Attn: Bankruptcy Po Box 182125 Columbus, OH 43218 | When was the debt incurred? | Opened 12/13 Last Active 7/28/24 | |
| | Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4.1 | Comenitycapital/sakscc Nonpriority Creditor's Name | Last 4 digits of account number | 4023 | \$2,977.00 |
| | Po Box 182120 Columbus, OH 43218 | When was the debt incurred? | Opened 12/20 Last Active 7/08/24 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | | |
| | Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | | |
| | _ | Debts to pension or profit-sharin | a plane, and other similar debts | |
| | ■ No | | | |
| | Yes | Other. Specify Credit Card | 1 | |

| | 1 Tara Marie Vaughns 2 Rafael Antonio Ortiz, II | | Case number (if known) | |
|----------|--|---|--|------------|
| 4.1 7 | Credit One Bank | Last 4 digits of account number | 8472 | \$1,716.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Department 6801 Cimarron Rd Las Vegas, NV 89113 | When was the debt incurred? | Opened 04/13 Last Active 6/19/24 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4.1 | Credit One Bank | Last 4 digits of account number | 6526 | \$1,222.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Department 6801 Cimarron Rd Las Vegas, NV 89113 | When was the debt incurred? | Opened 09/22 Last Active 6/16/24 | |
| | Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | | |
| | No | Debts to pension or profit-sharin | | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4.1 9 | Credit One Bank | Last 4 digits of account number | 8922 | \$1,032.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Department 6801 Cimarron Rd Las Vegas, NV 89113 | When was the debt incurred? | Opened 11/17 Last Active 7/03/24 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | | |
| | Is the claim subject to offset? | report as priority claims | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify Credit Card | <u> </u> | |

| | r 1 Tara Marie Vaughns r 2 Rafael Antonio Ortiz, II | | Case number (if known) | |
|----------|--|---|--|------------|
| 4.2 0 | Credit One Bank | Last 4 digits of account number | 9409 | \$1,228.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Department 6801 Cimarron Rd Las Vegas, NV 89113 | When was the debt incurred? | Opened 05/22 Last Active 08/24 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ☐ Debtor 1 only ■ Debtor 2 only | ☐ Contingent☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | ☐ Yes | Other Specify Credit Card | <u> </u> | |
| 4.2 | Credit One Bank | Last 4 digits of account number | 8579 | \$1,198.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Department 6801 Cimarron Rd Las Vegas, NV 89113 | When was the debt incurred? | Opened 05/23 Last Active 08/24 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | □ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4.2 | Credit One Bank Nonpriority Creditor's Name | Last 4 digits of account number | 3978 | \$886.00 |
| | Attn: Bankruptcy Department 6801 Cimarron Rd Las Vegas, NV 89113 | When was the debt incurred? | Opened 05/21 Last Active 09/24 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans☐ Obligations arising out of a sepa | | |
| | Is the claim subject to offset? | report as priority claims | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Credit Card | l | |

| | r 2 Rafael Antonio Ortiz, II | Case number (if known) | | | | |
|----------|--|---|--|-------------|--|--|
| 4.2 | Dept Of Education/neln | Last 4 digits of account number | 5161 | \$27,033.00 | | |
| | Nonpriority Creditor's Name Pob 60610 Harrisburg, PA 17106 | When was the debt incurred? | Opened 07/12 Last Active 12/01/23 | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | Yes | ☐ Other. Specify | | | | |
| | | Educationa | I | | | |
| 4.2 4 | Dept Of Education/neln | Last 4 digits of account number | 6063 | \$23,613.00 | | |
| | Nonpriority Creditor's Name Pob 60610 Harrisburg, PA 17106 | When was the debt incurred? | Opened 09/17 Last Active 12/01/23 | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | □ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | | | | |
| | ■ No | Debts to pension or profit-sharing | | | | |
| | ☐ Yes | ☐ Other. Specify | | | | |
| | | Educationa | l . | | | |
| 4.2 5 | Dept Of Education/neln Nonpriority Creditor's Name | Last 4 digits of account number | 3965 | \$20,090.00 | | |
| | Pob 60610 Harrisburg, PA 17106 | When was the debt incurred? | Opened 08/13 Last Active 12/01/23 | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community debt | ■ Student loans□ Obligations arising out of a sepa | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| | Yes | Other. Specify | | | | |

Educational

| | r 2 Rafael Antonio Ortiz, II | Case number (if known) | | |
|----------|---|--|--|-------------|
| 4.2 | Dept Of Education/neln | Last 4 digits of account number | 9463 | \$19,286.00 |
| | Nonpriority Creditor's Name Pob 60610 Harrisburg, PA 17106 | When was the debt incurred? | Opened 05/18 Last Active 12/01/23 | |
| | Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | 1 claim: | |
| | At least one of the debtors and another | Student loans | i Claiiii. | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | _ | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharin | a plane, and other similar debts | |
| | | | g plans, and other similar debts | |
| | ☐ Yes | ☐ Other. Specify | | |
| 42 | | | - | |
| 4.2 7 | Dept Of Education/neln | Last 4 digits of account number | 2564 | \$13,464.00 |
| | Nonpriority Creditor's Name Pob 60610 Harrisburg, PA 17106 | When was the debt incurred? | Opened 07/15 Last Active 12/01/23 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify | | |
| | | Educationa | ıl | |
| 4.2 8 | Dept Of Education/neln Nonpriority Creditor's Name | Last 4 digits of account number | 9361 | \$12,443.00 |
| | Pob 60610 Harrisburg, PA 17106 | When was the debt incurred? | Opened 01/11 Last Active 12/01/23 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | ■ No | ☐ Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify | | |

Educational

| | or 1 Tara Marie Vaughns or 2 Rafael Antonio Ortiz, II | | Case number (if known) | |
|----------|--|--|--|------------|
| 4.2 9 | Dept Of Education/neln Nonpriority Creditor's Name | Last 4 digits of account number | 3874 | \$9,490.00 |
| | Pob 60610 Harrisburg, PA 17106 | When was the debt incurred? | Opened 08/08 Last Active 12/01/23 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify | | |
| | | Educationa | | |
| 4.3 0 | Dept Of Education/neln Nonpriority Creditor's Name | Last 4 digits of account number | 3774 | \$6,545.00 |
| | Pob 60610 Harrisburg, PA 17106 | When was the debt incurred? | Opened 08/08 Last Active 12/01/23 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? — | report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify | | |
| | | Educationa | ll | |
| 4.3 1 | Dept Of Education/neln Nonpriority Creditor's Name | Last 4 digits of account number | 9161 | \$6,064.00 |
| | Pob 60610 Harrisburg, PA 17106 | When was the debt incurred? | Opened 01/11 Last Active 12/01/23 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify | | |
| | | Educationa | <u> </u> | |

| Debtor Debtor | 1 Tara Marie Vaughns 2 Rafael Antonio Ortiz, II | | Case number (if known) | |
|------------------|--|--|--|------------|
| 4.3 | Dept Of Education/neln | Last 4 digits of account number | 9461 | \$6,016.00 |
| | Nonpriority Creditor's Name Pob 60610 Harrisburg, PA 17106 | When was the debt incurred? | Opened 08/11 Last Active 12/01/23 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | Check if this claim is for a community debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharin | a plane, and other similar debts | |
| | ■ No | | g plans, and other similar debts | |
| | Yes | ☐ Other. Specify | | |
| 10 | | | • | |
| 4.3 | Dept Of Education/neln Nonpriority Creditor's Name | Last 4 digits of account number | 4261 | \$5,811.00 |
| | Pob 60610 Harrisburg, PA 17106 | When was the debt incurred? | Opened 09/12 Last Active 12/01/23 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify | | |
| | | Educationa | <u>II</u> | |
| 4.3 4 | Dept Of Education/neln Nonpriority Creditor's Name | Last 4 digits of account number | 3974 | \$3,790.00 |
| | Pob 60610 Harrisburg, PA 17106 | When was the debt incurred? | Opened 08/08 Last Active 12/01/23 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify | O | |
| | 55 | Educationa | ıl | |

| | Tara Marie Vaughns Rafael Antonio Ortiz, II | | Case number (if known) | |
|----------|--|--|---|------------|
| 4.3 5 | Dept Of Education/neln | Last 4 digits of account number | 9561 | \$3,779.00 |
| | Nonpriority Creditor's Name Pob 60610 Harrisburg, PA 17106 | When was the debt incurred? | Opened 05/12 Last Active 12/01/23 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify | | |
| | | Educationa | ıl | |
| 4.3 6 | Dept Of Education/neln | Last 4 digits of account number | 9661 | \$3,295.00 |
| | Nonpriority Creditor's Name Pob 60610 Harrisburg, PA 17106 | When was the debt incurred? | Opened 05/12 Last Active 12/01/23 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify | | |
| | | Educationa | ıl | |
| 4.3 7 | Dept Of Education/neln Nonpriority Creditor's Name | Last 4 digits of account number | 9261 | \$2,952.00 |
| | Pob 60610 Harrisburg, PA 17106 | When was the debt incurred? | Opened 08/11 Last Active 12/01/23 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | □Yes | Other. Specify | | |
| | | Educationa | ıl | |

| | 1 Tara Marie Vaughns 2 Rafael Antonio Ortiz, II | | Case number (_{if known}) | |
|----------|---|--|--|------------|
| 4.3 8 | Discover Financial | Last 4 digits of account number | 2075 | \$3,276.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 3025 New Albany, OH 43054 | When was the debt incurred? | Opened 03/18 Last Active 8/01/24 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ■ Debtor 1 only □ Debtor 2 only | ☐ Contingent ☐ Unliquidated | | |
| | □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community | ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans | d claim: | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | ■ No □ Yes | ☐ Debts to pension or profit-sharin ☐ Other. Specify Credit Carc | 01 , | |
| 4.3 | Discover Financial Nonpriority Creditor's Name | Last 4 digits of account number | 3829 | \$2,107.00 |
| | Attn: Bankruptcy Po Box 3025 New Albany, OH 43054 | When was the debt incurred? | Opened 10/22 Last Active 6/23/24 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | No | ☐ Debts to pension or profit-sharin | | |
| | Yes | Other. Specify Credit Card | | |
| 4.4 0 | First Electronic Bank Nonpriority Creditor's Name | Last 4 digits of account number | 9891 | \$2,663.00 |
| | Attn: Bankruptcy Po Box 521271 Salt Lake City, UT 84152 | When was the debt incurred? | Opened 05/20 Last Active 7/25/24 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | a plane, and other circular delete | |
| | ■ No | ☐ Debts to pension or profit-sharin | | |
| | Yes | Other. Specify Credit Card | <u> </u> | |

| | r 1 Tara Marie Vaughns r 2 Rafael Antonio Ortiz, II | | Case number (if known) | |
|----------|--|--|--|------------|
| 4.4 1 | Goldman Sachs Bank USA | Last 4 digits of account number | 2666 | \$6,103.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 70379 Philadelphia, PA 19176 | When was the debt incurred? | Opened 12/20 Last Active 8/15/24 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only | ☐ Contingent ☐ Unliquidated ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured ☐ Student loans | d claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | _ | ration agreement or divorce that you did not | |
| | ■ No □ Yes | ☐ Debts to pension or profit-sharin ☐ Other. Specify Credit Card | 51 <i>,</i> | |
| | | - Other. Specify | | |
| 4.4 | Goldman Sachs Bank USA Nonpriority Creditor's Name | Last 4 digits of account number | 8477 | \$2,608.00 |
| | Attn: Bankruptcy Lockbox 6112, PO Box7247 Philadelphia, PA 19170 | When was the debt incurred? | Opened 05/23 Last Active 7/05/24 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | 51 <i>,</i> | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4.4 | Mercury/FBT Nonpriority Creditor's Name | Last 4 digits of account number | 0866 | \$4,073.00 |
| | Attn: Bankruptcy Po Box 84064 Columbus, GA 31908 | When was the debt incurred? | Opened 12/13 Last Active 6/09/24 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | | |
| | ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | No | Debts to pension or profit-sharin | | |
| | Yes | Other. Specify Credit Card | <u> </u> | |

| Debt Debt | or 1 Tara Marie Vaughns or 2 Rafael Antonio Ortiz, II | | Case number (if known) | |
|--------------|---|--|--|-------------|
| 4.4 4 | Navient | Last 4 digits of account number | 0968 | \$10,303.00 |
| | Nonpriority Creditor's Name P.O. Box 9500 Wilkes Barre, PA 18773 | When was the debt incurred? | Opened 08/08 Last Active 7/07/24 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only | ☐ Contingent☐ Unliquidated☐ Disputed☐ | | |
| | lacktriangle At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | Student loansObligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify | | |
| | | Educationa | ıl | |
| 4.4 5 | NAVY FCU | Last 4 digits of account number | 1999 | \$45,699.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 3000 Merrifield, VA 22119 | When was the debt incurred? | Opened 03/23 Last Active 8/31/24 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another☐ Check if this claim is for a community | Type of NONPRIORITY unsecured ☐ Student loans | d claim: | |
| | debt Is the claim subject to offset? | report as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | | |
| | Yes | Other. Specify Unsecured | Loan | |
| 4.4 6 | NAVY FCU Nonpriority Creditor's Name | Last 4 digits of account number | 5814 | \$28,077.00 |
| | Attn: Bankruptcy Po Box 3000 Merrifield, VA 22119 | When was the debt incurred? | Opened 09/22 Last Active 8/31/24 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | lacktriangle At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | ☐ Yes | | | |
| | □ 169 | Other. Specify Unsecured | Lvuii | |

| | or 1 Tara Marie Vaughns Rafael Antonio Ortiz, II | | Case number (if known) | |
|----------|---|--|--|------------|
| 4.4 7 | Navy Federal Credit Union | Last 4 digits of account number | 5685 | \$4,137.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 3000 Merrifield, VA 22119 | When was the debt incurred? | Opened 05/13 Last Active 6/15/24 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ■ Debtor 1 only □ Debtor 2 only | ☐ Contingent☐ Unliquidated☐ | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans | d claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4.4 8 | Navy Federal Credit Union Nonpriority Creditor's Name | Last 4 digits of account number | 1533 | \$3,865.00 |
| | Attn: Bankruptcy Po Box 3000 Merrifield, VA 22119 | When was the debt incurred? | Opened 09/13 Last Active 6/15/24 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? — | report as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4.4 9 | Navy Federal Credit Union Nonpriority Creditor's Name | Last 4 digits of account number | 3373 | \$3,467.00 |
| | Attn: Bankruptcy Po Box 3000 Merrifield, VA 22119 | When was the debt incurred? | Opened 03/13 Last Active 6/15/24 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | ■ No | Debts to pension or profit-sharing | | |
| | Yes | Other. Specify Credit Card | | |

| | r 1 Tara Marie Vaughns r 2 Rafael Antonio Ortiz, II | | Case number (if known) | | | |
|----------|---|--|--|-------------|--|--|
| 4.5 0 | Navy Federal Credit Union | Last 4 digits of account number | 3755 | \$49,394.00 | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 3000 Merrifield, VA 22119 | When was the debt incurred? | Opened 05/23 Last Active 8/31/24 | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | |
| | ☐ Debtor 1 only ■ Debtor 2 only | ☐ Contingent ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | |
| | ■ No | ☐ Debts to pension or profit-sharin | | | | |
| | Yes | Other. Specify Deficiency | Balance on Surrendered Vehicle | | | |
| 4.5 1 | Navy Federal Credit Union Nonpriority Creditor's Name | Last 4 digits of account number | 4393 | \$1,925.00 | | |
| | Attn: Bankruptcy Po Box 3000 Merrifield, VA 22119 | When was the debt incurred? | Opened 03/19 Last Active 09/24 | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | | | | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | | | |
| | Yes | Other. Specify Credit Card | <u> </u> | | | |
| 4.5 | Nelnet | Last 4 digits of account number | 7974 | \$6,131.00 | | |
| | Nonpriority Creditor's Name Attn: Claims Po Box 82505 Lincoln, NE 68501 | When was the debt incurred? | Opened 04/08 Last Active 8/01/24 | | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | |
| | ☐ Check if this claim is for a community | Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | |
| | Yes | Other. Specify | | | | |
| | | Educationa | ıl — | | | |

| | or 1 Tara Marie Vaughns or 2 Rafael Antonio Ortiz, II | | Case number (if known) | |
|----------|---|---|--|------------|
| 4.5 3 | Nelnet | Last 4 digits of account number | 5874 | \$4,995.00 |
| | Nonpriority Creditor's Name Attn: Claims Po Box 82505 Lincoln, NE 68501 | When was the debt incurred? | Opened 01/08 Last Active 8/01/24 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | Unliquidated | | |
| | Debtor 1 and Debtor 2 only | Disputed | I alaim. | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | i ciaim: | |
| | ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify | | |
| | | Educationa | <u> </u> | |
| 4.5 4 | Nelnet | Last 4 digits of account number | 5974 | \$4,129.00 |
| | Nonpriority Creditor's Name Attn: Claims Po Box 82505 Lincoln, NE 68501 | When was the debt incurred? | Opened 01/08 Last Active 8/01/24 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | _ | ☐ Contingent | | |
| | ■ Debtor 1 only | ☐ Unliquidated | | |
| | ☐ Debtor 2 only | Disputed | | |
| | Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured | l claim: | |
| | At least one of the debtors and another | Student loans | · oldiiii | |
| | ☐ Check if this claim is for a community debt | □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts | | |
| | Is the claim subject to offset? | | | |
| | ■ No | | | |
| | ☐ Yes | Other. Specify | | |
| | | Educationa | I | |
| 4.5 5 | NeInet Nonpriority Creditor's Name | Last 4 digits of account number | 7874 | \$1,112.00 |
| | Attn: Claims Po Box 82505 Lincoln, NE 68501 | When was the debt incurred? | Opened 04/08 Last Active 8/01/24 | |
| | Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | Disputed | I alaim. | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | i Ciaiiii. | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? — | report as priority claims | ration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify | | |
| | | Educationa | Ī | |

| | or 1 Tara Marie Vaughns or 2 Rafael Antonio Ortiz, II | Case number (if known) | | |
|----------|--|--|---|------------|
| 4.5 6 | Northside Hospital | Last 4 digits of account number | | \$3,277.00 |
| | Nonpriority Creditor's Name PO Box 100062 Atlanta, GA 30348-0062 | When was the debt incurred? | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | \square Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify Medical Se | rvices | |
| 4.5 7 | Petal Card 1/Webbank | Last 4 digits of account number | 2829 | \$464.00 |
| | Nonpriority Creditor's Name PO Box 105168 Atlanta, GA 30348 | When was the debt incurred? | Opened 05/23 Las Active 08/24 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4.5 8 | Safe Home Security Inc. | Last 4 digits of account number | | \$2,100.00 |
| | Nonpriority Creditor's Name 55 Sebethe Dr. Cromwell, CT 06416 | When was the debt incurred? | | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | ■ Other. Specify Past Due A | account | |

| Debtor Debtor | 1 Tara Marie Vaughns 2 Rafael Antonio Ortiz, II | | Case number (if known) | |
|------------------|--|--|---|------------|
| 4.5 9 | Syncb/Paypal | Last 4 digits of account number | 4599 | \$4,256.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896 | When was the debt incurred? | Opened 11/14 Last Active 6/28/24 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4.6 | Synchrony Bank/Amazon | Last 4 digits of account number | 5779 | \$2,072.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896 | When was the debt incurred? | Opened 11/14 Last Active 7/19/24 | |
| | Number Street City State Zip Code | As of the date you file, the claim is: Check all that apply | | |
| | Who incurred the debt? Check one. | | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4.6 | Synchrony/PayPal Credit Nonpriority Creditor's Name | Last 4 digits of account number | 8630 | \$1,696.00 |
| | Attn: Bankruptcy Po Box 965064 Orlando, FL 32896 | When was the debt incurred? | Opened 04/23 Last Active 7/04/24 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | 3 | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | <u> </u> | |

| Debtor Debtor | 1 Tara Marie Vaughns 2 Rafael Antonio Ortiz, II | | Case number (if known) | |
|------------------|---|--|--|-------------|
| 4.6 2 | Target NB | Last 4 digits of account number | 2026 | \$928.00 |
| | Nonpriority Creditor's Name C/O Financial & Retail Services Mailstop BT PO Box 9475 Minneapolis, MN 55440 | When was the debt incurred? | Opened 08/17 Last Active 6/27/24 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Credit Card | <u> </u> | |
| 4.6 | United Community Bank | Last 4 digits of account number | 0923 | \$25,037.00 |
| | Nonpriority Creditor's Name 2 West Washington Street Ste 700 Greenville, SC 29601 | When was the debt incurred? | Opened 09/23 Last Active 7/31/24 | |
| | Number Street City State Zip Code | As of the date you file, the claim i | s: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | Other. Specify Unsecured | Loan | |
| 4.6 | United Community Bank | Last 4 digits of account number | 0923 | \$6,003.00 |
| | Nonpriority Creditor's Name 2 West Washington Street Ste 700 Greenville, SC 29601 | When was the debt incurred? | Opened 09/23 Last Active 08/24 | |
| | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| | ☐ Debtor 1 only | ☐ Contingent | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | Yes | ■ Other. Specify Unsecured | Loan | |
| | | | | |

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| 1 Tara Marie Vaughns 2 Rafael Antonio Ortiz, II | | Case number (if known) | | | | |
|---|---|-----------------------------------|-----------|--|--|--|
| X1 Inc | Last 4 digits of account number | 7575 | \$3,070.0 | | | |
| Nonpriority Creditor's Name Attn: Bankruptcy | _ | Opened 04/23 Last Active | | | | |
| 548 Market Street, Suite 30684 San Francisco, CA 94104 | When was the debt incurred? | 7/09/24 | | | | |
| Number Street City State Zip Code | As of the date you file, the claim | is: Check all that apply | | | | |
| Who incurred the debt? Check one. | | | | | | |
| ■ Debtor 1 only | ☐ Contingent | | | | | |
| Debtor 2 only | ☐ Unliquidated | | | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | |
| No | Debts to pension or profit-sharing | ng plans, and other similar debts | | | | |
| ☐ Yes | ■ Other. Specify Credit Card | I | | | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total Claim

| Total | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
|-----------------------|-------------------|--|-------------------|--------------|---------------------------|
| claims from Part 1 | 6b. 6c. 6d. | Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Add all other priority unsecured claims. Write that amount here. | 6b. 6c. 6d. | \$ \$ | 0.00 0.00 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| Total claims | 6f. | Student loans | 6f. | \$ | Total Claim 190,341.00 |
| from Part 2 | 6g. 6h. 6i. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Add all other nonpriority unsecured claims. | 6g. 6h. 6i. | \$ | 0.00 |
| | 6j. | here. Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ \$ | 293,354.00 483,695.00 |

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

| Fill in this inform | nation to identify your | case: | | |
|---------------------|-------------------------|-------------------|------------|-----------------------|
| Debtor 1 | Tara Marie Vaugh | nns | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Rafael Antonio O | rtiz, II | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bar | nkruptcy Court for the: | NORTHERN DISTRICT | OF GEORGIA | |
| Case number _ | | | | _ 0 |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with Name, Number | whom you have th , Street, City, State and ZIF | e contract or lease | State what the contract or lease is for |
|-----|-----------|------------------------------|---|---------------------|---|
| 2.1 | | | | | |
| | Name | | | | |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | Oity | | Otato | Zii Oode | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.4 | , | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.5 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |

| Fill in this | information to identify your | case: | | | |
|------------------------------|--|--|---------------------------------|--|--------------------------------------|
| Debtor 1 | Tara Marie Vaugh | nns | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, fili | Rafael Antonio O First Name | rtiz, II Middle Name | Last Name | | |
| | - | NORTHERN DISTRIC | T OF GEORGIA | | |
| United Sta | ites Bankruptcy Court for the: | NORTHERN DISTRIC | T OF GEORGIA | | |
| Case num (if known) | ber | | | | ☐ Check if this is an amended filing |
| | l Form 106H | _ | | | |
| Sched | lule H: Your Cod | ebtors | | | 12/15 |
| ill it out, a our name | filing together, both are equ and number the entries in the and case number (if known) | boxes on the left. Attac . Answer every questio | ch the Additional Page to n. | this page. On the top of an | |
| _ | you have any codebtors? (If | you are filing a joint case | , do not list either spouse a | as a codeptor. | |
| ■ No □ Yes | 5 | | | | |
| | hin the last 8 years, have you a, California, Idaho, Louisiana, | | | | and territories include |
| ■ No. | Go to line 3. | | | | |
| ☐ Yes | s. Did your spouse, former spouse | use, or legal equivalent li | ve with you at the time? | | |
| in line Form | lumn 1, list all of your codebt e 2 again as a codebtor only i 106D), Schedule E/F (Official olumn 2. | f that person is a guara | ntor or cosigner. Make s | ure you have listed the cred | itor on Schedule D (Official |
| | Column 1: Your codebtor Name, Number, Street, City, State and Z | P Code | | Column 2: The creditor to Check all schedules that | o whom you owe the debt apply: |
| 3.1 | | | | ☐ Schedule D. line | |
| | Name | | | ☐ Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| - | Number Street City | State | ZIP Code | - | |
| 3.2 | | | | ☐ Schedule D, line | |
| | Name | | | ☐ Schedule E/F, line ☐ Schedule G, line ☐ | |
| - | Number Street City | State | ZIP Code | - | |
| | On, | Sidio | Zii. Oude | | |

Official Form 106H Schedule H: Your Codebtors Page 1 of 1

| Fill | I in this information to | o identify your ca | ase: | | | | | | |
|------|--|---------------------------------|--|-------------------------|---|----------|---|---|-----------------------------|
| De | ebtor 1 | Tara Marie V | aughns aughns | | | | | | |
| | ebtor 2 ouse, if filing) | Rafael Antoi | nio Ortiz, II | | | | | | |
| Un | ited States Bankrupt | cy Court for the | : NORTHERN DISTRIC | CT OF GE | ORGIA | | | | |
| 1 | nse number nown) | | | - | | | | | |
| 0 | fficial Form | 1061 | | | | | MM / DD/ Y | | |
| S | chedule I: ` | Your Inc | ome | | | | WIIWI 7 DB7 1 | | 12/15 |
| atta | ouse. If you are separate shee | arated and you to this form. | are married and not filing wing transpays or the top of any additi | ith you, d onal page | o not include informaties, write your name and | on abo | ut your spo number (if | ouse. If more space i known). Answer eve | is needed, ery question. |
| | information. | | | Debtor | | | _ | or non-filing spous | e |
| | If you have more t attach a separate information about | page with | Employment status | | ■ Employed□ Not employed | | ■ Employed□ Not employed | | |
| | employers. | | Occupation | IT Deli | very Manager | | Wareho | ouse Manager | |
| | Include part-time, self-employed wor | | Employer's name | Bose | Corporation U.S.A. | | Lion Er | nergy LLC | |
| | Occupation may ir or homemaker, if i | | Employer's address | | ountain ngham, MA 01701 | | Ste 200 | Auto Mall Dr an Fork, UT 84003 | 3 |
| | | | How long employed t | here? | 4 months | | | ? years | |
| Pa | rt 2: Give Det | ails About Mor | thly Income | | | | | | |
| | imate monthly inco | | ate you file this form. If | you have | nothing to report for any | line, wr | ite \$0 in the | space. Include your r | non-filing |
| | ou or your non-filing s re space, attach a se | | ore than one employer, co | ombine the | e information for all empl | oyers fo | or that perso | on on the lines below. | If you need |
| | | | | | | For D | ebtor 1 | For Debtor 2 or non-filing spouse |) |

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

- 3. Estimate and list monthly overtime pay.
- 4. Calculate gross Income. Add line 2 + line 3.

| | | . 0. 202.0 | | filing spouse |
|----|-----|------------|------|---------------|
| 2. | \$ | 13,484.00 | \$ | 8,583.00 |
| 3. | +\$ | 0.00 | +\$_ | 0.00 |
| 4. | \$ | 13,484.00 | \$_ | 8,583.00 |

Official Form 106I Schedule I: Your Income page 1

| Debi | tor 1 tor 2 | Tara Marie Vaughns Rafael Antonio Ortiz, II | | | Case | number (if known) | | | | |
|------|----------------|--|----------|----------------|-----------|-------------------|------|------------|-------------|---------------------|
| | | | | | Foi | r Debtor 1 | | For Debtor | | e |
| | Cop | y line 4 here | 4. | | \$ | 13,484.00 | \$ | | ,583.0 | |
| 5. | List | all payroll deductions: | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a | ì. | \$ | 3,180.00 | \$ | i 1 | ,803.0 | 00 |
| | 5b. | Mandatory contributions for retirement plans | 5b |). | \$ | 0.00 | \$ | ; | 0.0 | 00 |
| | 5c. | Voluntary contributions for retirement plans | 50 |) . | \$ | 539.00 | \$ | ; | 0.0 | 00 |
| | 5d. | Required repayments of retirement fund loans | 5d | | \$_ | 0.00 | \$ | · | 0.0 | |
| | 5e. | Insurance | 5e | | \$_ | 539.00 | \$ | | 91.0 | |
| | 5f. | Domestic support obligations Union dues | 5f. | | \$_ \$ | 0.00 | \$ | | 0.0 | |
| | 5g. 5h. | Other deductions. Specify: HSA | 5g 5h | j. 1.+ | φ_ \$ | 0.00 67.00 | | | 0.0 54.0 | |
| | 011. | Dependent Care Pre-Tax Savings | _ | | \$- | 774.00 | \$ | | 0.0 | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | _ 6. | | \$ | 5,099.00 | \$ | | ,948.0 | 00 |
| 7. | | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$ \$ | 8,385.00 | \$ | | ,635.0 | |
| 8. | | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a | | \$ | 0.00 | \$ | | 0.0 | |
| | 8b. | Interest and dividends | 8b | | φ_ \$ | 0.00 | \$ | | 0.0 | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 80 | | *_ \$ | 0.00 | \$ | | 0.0 | |
| | 8d. | Unemployment compensation | 80 | 1. | \$ | 0.00 | \$ | | 0.0 | - |
| | 8e. | Social Security | 8e |) . | \$ | 0.00 | \$ | ; | 0.0 | 00 |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: VA Disability | 8f. | | \$ | 1,763.00 | \$ | 3 | 0.0 | 00 |
| | 8g. | Pension or retirement income | 89 | J. | \$ | 0.00 | \$ | | 0.0 | 00 |
| | 8h. | Other monthly income. Specify: | _ 8h | 1.+ | \$_ | 0.00 | + \$ | í | 0.0 | 00 |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | | \$ | 1,763.00 | \$ | , | 0. | .00 |
| 10. | | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$_ | 1 | 0,148.00 + | | 6,635.00 | = \$ | 16,783.00 |
| 11. | Inclu othe | e all other regular contributions to the expenses that you list in Schedule ade contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify: | depe | | | . • | , | | | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rest e that amount on the Summary of Schedules and Statistical Summary of Certainies | | | | | | | \$ | 16,783.00 |
| 12 | Do: | VALL expect an increase or decrease within the year after you file this form | 2 | | | | | | | bined hly income |
| 13. | | /ou expect an increase or decrease within the year after you file this form' No. Yes. Explain: | • | | | | | | | |

Official Form 106l Schedule I: Your Income page 2

| Fill in this | s information to identify yo | our case: | | | | | | | |
|-------------------------|---|--|---|-------------------|---|---|--|--|--|
| Debtor 1 | Tara Marie V | aughns | | Check if this is: | | | | | |
| Debtor 2 (Spouse, if | Rafael Antor | nio Ortiz, II | | | An amended filing A supplement show 13 expenses as of | wing postpetition chapter the following date: | | | |
| United Sta | ates Bankruptcy Court for the | : NORTHERN DISTRICT OF GEOR | RGIA | | MM / DD / YYYY | | | | |
| Case num (If known) | | | | | | | | | |
| Offici | al Form 106J | | | | | | | | |
| | edule J: Your | | | | | 12/1 | | | |
| Be as co informat | omplete and accurate as | possible. If two married people areded, attach another sheet to this | | | | or supplying correct | | | |
| Part 1: | Describe Your House | hold | | | | | | | |
| _ | his a joint case? | | | | | | | | |
| _ | | in a separate household? | | | | | | | |
| | ■ No | | | | | | | | |
| | | st file Official Form 106J-2, Expenses | s for Separate Househo | ld of De | btor 2. | | | | |
| 2. Do v | you have dependents? | □ No | | | | | | | |
| Do r | not list Debtor 1 and otor 2. | Yes. Fill out this information for each dependent | Dependent's relations Debtor 1 or Debtor 2 | ship to | Dependent's age | Does dependent live with you? | | | |
| Do r | not state the | | | | | □ No | | | |
| depe | endents names. | | Son | | 3 months | Yes | | | |
| | | | Daughter | | 2 | □ No ■ Yes | | | |
| | | | Daugittei | | | ■ Yes □ No | | | |
| | | | Daughter | | 4 | ■ Yes | | | |
| | | | | | | □ No | | | |
| 2 Do 1 | vour expenses include | _ | Daughter | | | ■ Yes | | | |
| exp | your expenses include enses of people other t erself and your depende | | | | | | | | |
| | es as of a date after the l | ng Monthly Expenses our bankruptcy filing date unless y oankruptcy is filed. If this is a supp | | | | | | | |
| the value | | non-cash government assistance i d have included it on <i>Schedule I:</i> \ | | | Your exp | enses | | | |
| | e rental or home owners ments and any rent for the | hip expenses for your residence. I e ground or lot. | nclude first mortgage | 4. | \$ | 3,967.00 | | | |
| If no | ot included in line 4: | | | | | | | | |
| 4a. | Real estate taxes | | | 4a. | \$ | 0.00 | | | |
| 4b. | Property, homeowner's | | | 4b. | \$ | 0.00 | | | |
| 4c. 4d. | | pair, and upkeep expenses ion or condominium dues | | 4c. 4d. | | 200.00 | | | |
| | | ents for your residence, such as ho | me equity loans | 4a. 5. | · | 55.00 0.00 | | | |

| | otor 1 otor 2 | Tara Marie Vaughns Rafael Antonio Ortiz, II | Case num | ber (if known |) |
|-----|------------------|---|----------|---------------|----------------------------------|
| 6. | Utilit | ies: | | | |
| | 6a. | Electricity, heat, natural gas | 6a. | | 276.00 |
| | 6b. | Water, sewer, garbage collection | 6b. | \$ | 415.00 |
| | 6c. | Telephone, cell phone, Internet, satellite, and cable services | 6c. | · | 685.00 |
| | 6d. | Other. Specify: | 6d. | | 0.00 |
| 7. | Food | and housekeeping supplies | 7. | | 1,497.00 |
| 8. | | dcare and children's education costs | 8. | | 2,726.00 |
| 9. | | ning, laundry, and dry cleaning | 9. | \$ | 300.00 |
| 10. | | onal care products and services | 10. | \$ | 400.00 |
| 11. | | cal and dental expenses | 11. | \$ | 150.00 |
| 12. | | sportation. Include gas, maintenance, bus or train fare. ot include car payments. | 12. | \$ | 500.00 |
| 13. | | rtainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ | 100.00 |
| | | itable contributions and religious donations | 14. | \$ | 0.00 |
| | | rance. | | | <u> </u> |
| | Do n | ot include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | 15a. | Life insurance | 15a. | \$ | 395.00 |
| | 15b. | Health insurance | 15b. | \$ | 0.00 |
| | 15c. | Vehicle insurance | 15c. | \$ | 890.00 |
| | 15d. | Other insurance. Specify: | 15d. | \$ | 0.00 |
| 16. | Taxe Spec | s. Do not include taxes deducted from your pay or included in lines 4 or 20. eify: | 16. | \$ | 0.00 |
| 17. | | Illment or lease payments: Car payments for Vehicle 1 | 17a. | \$ | 0.00 |
| | | Car payments for Vehicle 2 | 17b. | · | 0.00 |
| | | Other. Specify: | 17c. | · | 0.00 |
| | | Other. Specify: | 17d. | · | 0.00 |
| 18 | | payments of alimony, maintenance, and support that you did not report as | | Ψ | 0.00 |
| 10. | | icted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 0.00 |
| 19. | | r payments you make to support others who do not live with you. | | \$ | 0.00 |
| | Spec | ify: | 19. | | |
| 20. | | r real property expenses not included in lines 4 or 5 of this form or on Sche | | | |
| | | Mortgages on other property | 20a. | | 0.00 |
| | 20b. | Real estate taxes | 20b. | \$ | 0.00 |
| | | Property, homeowner's, or renter's insurance | 20c. | | 0.00 |
| | 20d. | Maintenance, repair, and upkeep expenses | 20d. | | 0.00 |
| | 20e. | Homeowner's association or condominium dues | 20e. | \$ | 0.00 |
| 21. | Othe | r: Specify: | 21. | +\$ | 0.00 |
| 22. | Calc | ulate your monthly expenses | | | |
| | | Add lines 4 through 21. | | \$ | 12,556.00 |
| | 22b. | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | , |
| | | Add line 22a and 22b. The result is your monthly expenses. | | \$ | 12,556.00 |
| 23 | Calc | ulate your monthly net income. | | | |
| 20. | | Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 16,783.00 |
| | | Copy your monthly expenses from line 22c above. | 23b. | | 12,556.00 |
| | 200. | Copy your monthly expenses from line 220 above. | 200. | <u> </u> | 12,330.00 |
| | 23c. | Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . | 23c. | \$ | 4,227.00 |
| 24. | For e | ou expect an increase or decrease in your expenses within the year after yo kample, do you expect to finish paying for your car loan within the year or do you expect your ication to the terms of your mortgage? | | | ncrease or decrease because of a |

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| Fill in this informa | ation to identify your | case: | | |
|----------------------|------------------------|-------------------|------------|--------------------------------------|
| Debtor 1 | Tara Marie Vaugh | ns | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Rafael Antonio O | rtiz, II | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bank | kruptcy Court for the: | NORTHERN DISTRICT | OF GEORGIA | |
| Case number | | | | ☐ Check if this is an amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | | | assets of what you own |
|----|--|------------|---------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 662,774.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 111,890.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 774,664.00 |
| Pa | rt 2: Summarize Your Liabilities | | |
| | | | liabilities nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 609,367.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 483,695.00 |
| | Your total liabilities | \$ | 1,093,062.00 |
| Pa | rt 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 16,783.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 12,556.00 |
| Pa | rt 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ır other s | chedules. |
| | ■ Yes What kind of debt do you have? | | |

the court with your other schedules.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

| | Tara Marie Vaughns | |
|----------|--------------------------|------------------------|
| Debtor 2 | Rafael Antonio Ortiz, II | Case number (if known) |

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

15,306.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total | claim |
|--|-------|------------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 190,341.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 190,341.00 |

Official Form 106Sum

| Fill in this infor | mation to identify your | case: | |
|--|---|--|---|
| Debtor 1 | Tara Marie Vaugl | | |
| DODIOI 1 | First Name | Middle Name Last Name | — |
| Debtor 2 | Rafael Antonio O | tiz. II | |
| (Spouse if, filing) | First Name | Middle Name Last Name | — |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT OF GEORGIA | |
| Case number | | | |
| (if known) | | | Check if this is an amended filing |
| f two married po fou must file thi obtaining mone years, or both. 1 | eople are filing together | n Individual Debtor's Schedule, both are equally responsible for supplying correct information be bankruptcy schedules or amended schedules. Making a false connection with a bankruptcy case can result in fines up to \$519, and 3571. | on. se statement, concealing property, or |
| Did you pa | y or agree to pay some | one who is NOT an attorney to help you fill out bankruptcy for | rms? |
| ■ No | | | |
| ☐ Yes. | Name of person | | ch Bankruptcy Petition Preparer's Notice, claration, and Signature (Official Form 119) |
| • | alty of perjury, I declare e true and correct. | hat I have read the summary and schedules filed with this de | eclaration and |
| X <u>/s/</u> Tar | a Marie Vaughns | X /s/ Rafael Antonio Ortiz | z, II |
| | Marie Vaughns are of Debtor 1 | Rafael Antonio Ortiz, II Signature of Debtor 2 | |
| _ | September 27, 2024 | Date September 27, 2 | 2024 |

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF GEORGIA

RIGHTS AND RESPONSIBILITIES STATEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

Chapter 13 of the Bankruptcy Code gives each debtor ("Debtor") important rights, such as the right to keep property that could otherwise be lost through repossession, foreclosure or liquidation by a Chapter 7 Trustee. Chapter 13 also places burdens on Debtors, however, such as the burden of making complete and truthful disclosures of their financial situation and prompt payments as required by the Plan. It is important for Debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities to the court, the Chapter 13 Trustee and to creditors. Debtors are entitled to expect certain services to be performed by their attorneys, but Debtors also have responsibilities to their attorneys. To assure that Debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Georgia have approved this statement of rights and responsibilities of Debtors and their attorneys in Chapter 13 cases that include, but are not limited to the following, as each case's facts may require more of both Debtor and Debtor's attorney.

BEFORE THE CASE IS FILED

EACH DEBTOR SHALL:

- 1. Discuss with the attorney the Debtor's objectives in filing the case.
- 2. Timely provide the attorney with full and accurate financial and other information, including, but not limited to:
 - (a) Copies of pay stubs or other evidence of payment received before the date of filing of the petition, as requested by the attorney;
 - (b) Copies of all Federal income tax returns (or transcript of the returns) as requested by the attorney.
- 3. Inform the attorney of any and all prior bankruptcy cases Debtor has filed.
- 4. Provide copies of all bills, notices, statements or communications from creditors, as requested by attorney.

THE ATTORNEY SHALL:

- 1. Personally counsel Debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss with Debtor the procedures in both Chapters, as well as non-bankruptcy options, and answer the Debtor's questions.
- 2. Personally explain to the Debtor the requirement of obtaining a certificate from an approved nonprofit budget and credit counseling agency.
- 3. Personally explain to Debtor that the attorney is being engaged to represent Debtor on all matters arising in the case, and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 4. Personally review with Debtor and obtain Debtor's signature on the completed petition, plan, as well as the Statement of Financial Affairs, Income and Expenses, and other statements as well as the various schedules (the "Schedules"), and all amendments thereto, whether filed with the petition or later. The Schedules may be prepared initially with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing by Debtor.
- 5. Timely prepare and file Debtor's petition, plan, Schedules, statement of monthly net income, and any other required pleading.
- 6. Explain to Debtor how, when and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 Trustee, with particular attention to

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housing, vehicle, and domestic support obligation payments.

- 7. Advise Debtor of the need to maintain appropriate insurance especially for house and vehicle.
- 8. Inform Debtor of the need to potentially provide attorney with copies of each Federal income tax return (or transcript of the return) for each tax year ending while the Debtor is in the case.

AFTER THE CASE IS FILED

EACH DEBTOR SHALL:

- 1. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income, a photo identification card, and proof of Social Security number. Acceptable forms of proof of identification are: driver's license; government ID; state picture ID; student ID; U.S. passport; military ID; resident alien card. Acceptable forms of proof of Social Security number are: Social Security Card; medical insurance card; pay stub; W-2 form; IRS form 1099; Social Security Administration Report. Debtor must be present both in time for check-in and when the case is called for the actual examination.
- 2. Make the required payments to Trustee and to such creditors as are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 3. Promptly provide attorney, upon their request, evidence of all payments made directly to creditors and Trustee, including amount and date of payment.
- 4. Notify the attorney immediately of any change in Debtor's address or telephone number.
- 5. Inform the attorney of any wage garnishments, liens or levies on assets that occur or continue after the filing of the case.
- 6. Contact the attorney immediately if Debtor loses employment, is "laid off" or furloughed from work or has any significant change in income; experiences any other significant change in financial situation, including serious illness, personal injury, lottery winnings, or an inheritance.
- 7. Notify the attorney immediately if Debtor is sued or wishes to file a lawsuit, including divorce, matters regarding personal or property injury (including any worker's compensation matters), and any other matter in which Debtor is involved in a lawsuit or legal action outside this court.
- 8. Inform the attorney immediately if any tax refunds to which Debtor is entitled are seized or not received when due from the IRS or Georgia Department of Revenue.
- 9. Contact the attorney before buying, refinancing, or contracting to sell real property, and before entering into any loan agreement.
- 10. Complete an instructional course concerning personal financial management prior to receiving a discharge.

THE ATTORNEY SHALL:

- 1. Advise Debtor of the requirement to attend the meeting of creditors, and notify or remind Debtor of the date, time, and place of the meeting, in such detail as is helpful or necessary to Debtor's appearance.
- 2. Inform Debtor that Debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide competent legal representation for Debtor at the meeting of creditors, appear in time for check-in and the actual examination and, unless excused by Trustee, for the confirmation hearing.

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- 4. If an attorney not employed by Debtor's attorney's law firm (a "contract" attorney) will be attending Debtor's 341 meeting or any court hearing, personally explain to Debtor in advance the role and identity of the contract attorney, obtain Debtor's written permission for the contract attorney to represent Debtor and provide the contract attorney with the file in sufficient time to review and discuss it with Debtor prior to such representation.
- 5. Make all reasonable efforts for the individual attorney who met with Debtor to attend the § 341 meeting or any other court hearing. However, if that attorney is unavailable then an attorney will be present on behalf of the Debtor with knowledge of the Debtor's case and authority to make any modifications to Debtor's plan deemed necessary.
- 6. Timely submit to Trustee properly documented proof of income for each Debtor, including business reports for self-employed debtors, and all required pay advises and tax returns or transcripts.
- 7. Timely respond to objections to plan confirmation, and where necessary, prepare, file and serve amended Schedules or an amended plan.
- 8. Timely prepare, file, and serve any necessary annual financial statements, amended statements and Schedules, and any change of address, in accordance with information provided by each Debtor.
- 9. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact promptly Trustee or Debtor regarding any discrepancies.
- 10. Promptly respond to Debtor's questions through the term of the plan.
- 11. Timely prepare, file and serve necessary modifications to the plan after confirmation, including modifications to suspend, lower, or increase plan payments.
- 12. Prepare, file and serve necessary motions to buy or sell property and to incur debt.
- 13. On or before 60 days after the general bar date, certify the attorney has reviewed claims with Debtor, prepared, filed and served objections to improper or invalid claims and filed claims within 30 days after the bar date for creditors who fail to file claims when such failure will adversely affect Debtor's case or its successful completion and discharge or such failure will adversely affect Debtor after case completion and discharge.
- 14. Timely confer with Debtor and respond to any motion to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase percentage payment to unsecured creditors.
- 15. Timely confer with Debtor and respond to motions for relief from stay.
- 16. Timely prepare, file, and serve appropriate motions to avoid liens.
- 17. Provide any other legal services necessary for the administration of the case.

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Georgia

| In re | Tara Marie Vaug Rafael Antonio | | | | Case No. | | |
|----------------|--|--|--|---|---|-------------------|--|
| | | | Debtor(s |) | Chapter | 13 | |
| | DISC | CLOSURE OF | COMPENSATION OF | ATTORNEY I | OR DE | EBTOR(S) | |
| C | compensation paid to r | me within one year b | ankr. P. 2016(b), I certify that I are efore the filing of the petition in longer than the properties of the petition of the properties of the petition of the | oankruptcy, or agreed | to be paid | to me, for servic | |
| | For legal services | , I have agreed to acc | cept | \$ | | 5,250.00 | |
| | | | ave received | | | 0.00 | |
| | | | | | | 5,250.00 | |
| 2. 7 | The source of the comp | pensation paid to me | was: | | | | |
| | Debtor | ☐ Other (specify) | : | | | | |
| 3. | The source of compens | sation to be paid to n | ne is: | | | | |
| | Debtor | ☐ Other (specify) | : | | | | |
| 1. | ■ I have not agreed t | to share the above-di | sclosed compensation with any or | ther person unless the | y are mem | bers and associat | es of my law firm. |
| 5. : a l | copy of the agreen In return for the above In Analysis of the deb In Preparation and filition In Representation of the Interpretation of the Interpretatio | e-disclosed fee, I have be-disclosed fee, I have be-disclosed fee, I have been so for any petition, so the debtor at the meet as needed] credit counseling a Deduction Order; addor submission mation motions for submission mation motions for a claims necess of exigent circum mation and turn-or extend or impose ances; eview (resulting / rarge DSO certification and a fee of g of Creditors; botor(s) with a copyright of the copyright | confirm plan; cary to confirm plan; estances and related hearing ver / stop creditor action; stay and related hearings (p relating pleadings and hearin te; f \$60.00 for appearing on my y of the "Rights and Respon | aring in the compensation all aspects of the basebtor in determining we plan which may be rehearing, and any adjustment of the counseling certificats and tax returns; re-confirmation); respectively: respectively: | tion is atta nkruptcy c whether to quired; nurned hea ates; nt Debton t Betwee | r(s) at the 11 U | bankruptcy; S.C. Section Debtors and |
| | | | cution of the first three (3) of modification to chapter 13 | | | | |

modify, (d) Resolution of a motion for relief for non-payment or insurance. Subsequent motions shall not be included in the base fee and charged at the rates outlined in Paragraph 6 of the Disclosure of Compensation of

- 6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:
 - a. Post-confirmation modifications to add creditor / \$100.00
 - b. Post-Confirmation plea of stay / \$100.00

Attorney for Debtors.

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Tara Marie Vaughns
In re
Rafael Antonio Ortiz, II

Debtor(s)

Case No.

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

(Continuation Sheet)

- c. Post-confirmation modification / \$300.00
- d. Post-confirmation motion for relief for non-payment or insurance / \$350.00
- e. Post-confirmation motion for relief regarding payment dispute / \$500.00
- f. Motion to suspend payments or to excuse default / \$400.00
- g. Motion to sell property of the estate / \$500.00
- h. Motion to approve compromise / \$500.00
- i. Motion to employ professional / \$300.00
- j. Motion to incur debt / \$300.00
- k. Motion to approve mortgage loan modification / \$500.00
- I. Application or motion to refinance / \$300.00
- m. Motion to dismiss / \$300.00
- n. Post-confirmation stay violations / \$300.00
- o. Objection to late claim / \$100.00
- p. Objection to proof of claim / \$350.00
- q. Motion to sever or dismiss one joint debtor / \$300.00
- r. Motion to reopen case or vacate dismissal / \$500.00
- s. Motion to re-impose automatic stay / \$500.00
- t. Motion to retain insurance or other proceeds / \$400.00
- u. Motion to retain tax refund / \$400.00
- v. Adversary proceeding / Hourly
- w. Appellate practice / Hourly
- x. Emergency Hearings/ \$500

If the case is converted prior to confirmation of the Plan, Debtor directs Trustee to pay fees to Debtor's attorney from the funds available of \$2,500.00.

If the case is dismissed prior to confirmation of the Plan, fees for Debtor's attorney of \$2,500.00 as set forth on the 2016(b) disclosure statement are allowed pursuant to General Order 22-2017 and shall be paid by Trustee from the funds available without a fee application. Debtor's attorney may file a fee application for fees sought over \$2,500.00 within 10 days of the Order of Dismissal.

If the case is converted after confirmation of the Plan, Debtor directs Trustee to pay to Debtor's attorney from the funds available, any allowed fees which are unpaid.

If the case is dismissed after confirmation of the Plan, Trustee shall pay to Debtor's attorney from the funds available, any allowed fees which are unpaid.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding. Pursuant to General Order No. 9, I certify that I provided to the debtor(s) a copy of the "Rights and Responsibilities Statement Between Chapter 13 Debtors and Their Attorneys." I certify that a copy of each of the notices required by 11 U.S.C. Section 342(b), Section 527(a)(2), and Section 527(b) has been provided to, and discussed with, the debtor(s).

| September 27, 2024 | /s/ Alex R. Perez |
|--------------------|--------------------------------|
| Date | Alex R. Perez 112665 |
| | Signature of Attorney |
| | Jeff Field & Associates |
| | 342 North Clarendon Ave. |
| | Scottdale, GA 30079 |
| | 404-499-2700 Fax: 404-499-2728 |
| | contactus@fieldlawoffice.com |
| | Name of law firm |

United States Bankruptcy Court Northern District of Georgia

| | Tara Marie Vaughns | | | |
|--------|--------------------------|------------------------------|----------|--------------------|
| In re | Rafael Antonio Ortiz, II | | Case No. | |
| | | Debtor(s) | Chapter | 13 |
| Γhο ab | | IFICATION OF CREDITOR MAT | | of their knowledge |
| Date: | , , | /s/ Tara Marie Vaughns | | J |
| | | Tara Marie Vaughns | | |
| | | Signature of Debtor | | |
| Date: | September 27, 2024 | /s/ Rafael Antonio Ortiz, II | | |

Rafael Antonio Ortiz, II Signature of Debtor

Date: September 27, 2024

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|---------------|--------------------|
| \$245 | filing fee |
| \$78 | administrative fee |
| <u>+</u> \$15 | trustee surcharge |
| \$338 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,738

\$1,167 filing fee \$571 administrative fee

total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$78 | administrative fee |
| | \$278 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$78 | administrative fee |
| | \$313 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://www.uscourts.gov/services-forms/bankruptcy/credit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: http://www.uscourts.gov/services-forms/bankruptcy/cre dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

| Fill in this information to identify your case: | | | |
|---|--|--|--|
| Debtor 1 | Tara Marie Vaughns | | |
| Debtor 2 (Spouse, if filing) | Rafael Antonio Ortiz, II | | |
| United States E | Bankruptcy Court for the: Northern District of Georgia | | |
| Case number (if known) | | | |

| Check | Check as directed in lines 17 and 21: | | | | |
|--|--|--|--|--|--|
| 1 | According to the calculations required by this Statement: | | | | |
| 1. Disposable income is not determined 11 U.S.C. § 1325(b)(3). | | | | | |
| • | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3). | | | | |
| | 3. The commitment period is 3 years. | | | | |
| | 4. The commitment period is 5 years. | | | | |

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Calculate Your Average Monthly Income Part 1: 1. What is your marital and filing status? Check one only. □ Not married. Fill out Column A, lines 2-11. ■ Married. Fill out both Columns A and B. lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 6,062.00 9,244.00 payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments 0.00 0.00 you listed on line 3. 5. Net income from operating a business, Debtor 1 profession, or farm \$ 0.00 Gross receipts (before all deductions) 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 Net monthly income from a business, profession, or farm \$ 6. Net income from rental and other real property Debtor 1 0.00 \$ Gross receipts (before all deductions) -\$ 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 \$ Net monthly income from rental or other real property

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| tor 1 tor 2 | Tara Marie Vaughns Rafael Antonio Ortiz, II | | | Case numbe | r (<i>if know</i> | n) | | |
|--|--|--|------------------------|-------------------|--------------------|-------------------|----------------|----------------------------|
| | | | | Column A Debtor 1 | | Column B Debtor 2 | or | |
| _ | | | | ¢ | 0.00 | non-filing | spouse 0.00 | |
| | erest, dividends, and royalties Employment compensation | | | \$ \$ | 0.00 | <u> </u> | 0.00 | |
| | not enter the amount if you contend that the amo | ount received was a benefi | t under | Ψ | 0.00 | _ Ψ | 0.00 | |
| | Social Security Act. Instead, list it here: | | · unaoi | | | | | |
| F | or you | \$0.0 | 00 | | | | | |
| | or your spouse | | | | | | | |
| Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled if retired under any provision of title 10 other than chapter 61 of that title. | | | | | 0.00 |) \$ | 0.00 | |
| Inco Do rece dom Unit disa | ome from all other sources not listed above. In not include any benefits received under the Social between a victim of a war crime, a crime against linestic terrorism; or compensation, pension, pay, atted States Government in connection with a disability, or death of a member of the uniformed services on a separate page and put the total below. | Specify the source and an al Security Act; payments humanity, or international annuity, or allowance paid bility, combat-related injur- vices. If necessary, list oth | or I by the y or | | | | | |
| | | | | \$ | 0.00 | \$ | 0.00 | |
| | | | | \$ | 0.00 |) \$ | 0.00 | |
| | Total amounts from separate pages, if any. | | + | \$ | 0.00 |) \$ | 0.00 | |
| . Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. | | \$ | 6,062.00 | + \$ | 9,244.00 | =[\$_ | 15,306.00 | |
| 2: | Determine How to Measure Your Deductio | ns from Income | | | | | | otal average onthly income |
| - | by your total average monthly income from linculate the marital adjustment. Check one: | ne 11 | | | | | \$ | 15,306.00 |
| | You are not married. Fill in 0 below. | | | | | | | |
| | You are married and your spouse is filing with y | ou. Fill in 0 below. | | | | | | |
| | You are married and your spouse is not filing w Fill in the amount of the income listed in line 11 dependents, such as payment of the spouse's t Below, specify the basis for excluding this incor adjustments on a separate page. | , Column B, that was NOT tax liability or the spouse's | suppor | t of someon | e other | than you or you | ur depend | lents. |
| | If this adjustment does not apply, enter 0 below | <i>'</i> . | | | | | | |
| | | | \$ | | _ | | | |
| | | | т¢ | | _ | | | |
| | | | Τ Ψ | | | | | |
| | Total | | \$ | 0.0 | <u>o</u> | Copy here=> | | 0. |
| Yo | our current monthly income. Subtract line 13 fr | om line 12. | | | | | \$ | 15,306.00 |
| | alculate your current monthly income for the y | /ear. Follow these steps: | | | | | ¢. | 15,306.00 |
| 15 | a. Copy line 14 here=> | | | | | | \$ | ,555100 |

Tara Marie Vaughns

| Debtor 1 Debtor 2 | | ara Marie Vaughns afael Antonio Ortiz, II | | Case number (if known) | | | | | | | | | |
|---|---|---|---|--|--|--|--|--|--|--|--|--|--|
| | | Multiply line 15a by 12 (the number of months in | a year). | | x 12 | | | | | | | | |
| 1 | 15b. | The result is your current monthly income for the | \$ 183,672.00 | | | | | | | | | | |
| 16. C a | alcul | ate the median family income that applies to y | ou. Follow these | steps: | | | | | | | | | |
| 16 | Sa. Fi | I in the state in which you live. | GA | _ | | | | | | | | | |
| 16 | Sb. Fi | I in the number of people in your household. | 6 | _ | | | | | | | | | |
| | To in: | I in the median family income for your state and so find a list of applicable median income amounts structions for this form. This list may also be avail | \$132,475.00 | | | | | | | | | | |
| | How do the lines compare? | | | | | | | | | | | | |
| 17 | 17a. Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, <i>Disposable income is not determined under 11 U.S.C.</i> § 1325(b)(3). Go to Part 3. Do NOT fill out <i>Calculation of Your Disposable Income</i> (Official Form 122C-2). | | | | | | | | | | | | |
| 17b. Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, <i>Disposable income is determined un</i> 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2). On line 3 your current monthly income from line 14 above. | | | | | | | | | | | | | |
| Part 3: | | Calculate Your Commitment Period Under 11 | U.S.C. § 1325(b)(| 4) | | | | | | | | | |
| 18. C c | ору у | our total average monthly income from line 1 | 1 | | \$15,306.00 | | | | | | | | |
| co sp 19 | ontendouse Da. If | t the marital adjustment if it applies. If you are that calculating the commitment period under 1 is income, copy the amount from line 13. The marital adjustment does not apply, fill in 0 on abtract line 19a from line 18. | 1 U.S.C. § 1325(b | | -\$ <u>0.00</u> \$ <u>15,306.00</u> | | | | | | | | |
| 20 C a | alcula | ate your current monthly income for the year. | Follow these ster | ns. | | | | | | | | | |
| | | | _{\$} 15,306.00 | | | | | | | | | | |
| | | opy line 19b little number of months in a year). | | x 12 | | | | | | | | | |
| | | andly by 12 (are namber of monate in a year). | X 12 | | | | | | | | | | |
| 20 |)b. Th | ne result is your current monthly income for the ye | ear for this part of | the form | \$ 183,672.00 | | | | | | | | |
| 20 | oc. Co | opy the median family income for your state and s | size of household | from line 16c | \$ 132,475.00 | | | | | | | | |
| 21 | l. H e | ow do the lines compare? | | | | | | | | | | | |
| | | Line 20b is less than line 20c. Unless otherwis period is 3 years. Go to Part 4. | court, on the top of page 1 of this form, che | ck box 3, The commitment | | | | | | | | | |
| | | nis form, check box 4, The | | | | | | | | | | | |
| Part 4: | | Sign Below | | | | | | | | | | | |
| Ву | / sign | ing here, under penalty of perjury I declare that the | he information on | this statement and in any attachments is tru | ue and correct. | | | | | | | | |
| X /s/ Tara Marie Vaughns X /s/ Rafael Antonio Ortiz, II | | | | | | | | | | | | | |
| ī | Гara | Marie Vaughns | | Rafael Antonio Ortiz, II | _ | | | | | | | | |
| | • | ture of Debtor 1 | | Signature of Debtor 2 | | | | | | | | | |
| Da | | September 27, 2024 MM / DD / YYYY | | Date September 27, 2024 MM / DD / YYYY | | | | | | | | | |
| lf y | | hecked 17a, do NOT fill out or file Form 122C-2. | | W.W. / DD / 1111 | | | | | | | | | |

| Debtor 1 | rara Marie vaugnns | | |
|----------|--------------------------|------------------------|--|
| Debtor 2 | Rafael Antonio Ortiz, II | Case number (if known) | |
| | | | |

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

| Fill in | this information to i | dentify your case: | | | |
|-----------------|---|--|--|-------------------------------|-------|
| Debto | or 1 Tara Mari | e Vaughns | | | |
| Debto | or 2 Rafael An | tonio Ortiz, II | | | |
| Unite | d States Bankruptcy C | ourt for the: Northern District of Georgia | | | |
| Case (if kno | number own) | | ☐ Check if | this is an amended filing | |
| | al Form 122C-2 apter 13 Calo | culation of Your Disposab | le Income | | 04/22 |
| | out this form, you wi | II need your completed copy of <i>Chapter 13</i> Sala Form 122C-1). | tatement of Your Current Monthly Inc | come and Calculation of | |
| space | is needed, attach a s | ate as possible. If two married people are filin separate sheet to this form, Include the line no r name and case number (if known). | | | more |
| Part 1 | 1: Calculate Your | Deductions from Your Income | | | |
| the | questions in lines 6- | ervice (IRS) issues National and Local Standa ·15. To find the IRS standards, go online usin e available at the bankruptcy clerk's office. | | | |
| exp | penses if they are high | unts set out in lines 6-15 regardless of your actual retrieval than the standards. Do not include any operated any amounts that you subtracted from your sp | ing expenses that you subtracted from | income in lines 5 and 6 of Fo | |
| lf y | our expenses differ fro | m month to month, enter the average expense. | | | |
| No | te: Line numbers 1-4 a | re not used in this form. These numbers apply to | o information required by a similar form | used in chapter 7 cases. | |
| 5. | The number of peo | ple used in determining your deductions fror | n income | | |
| | | people who could be claimed as exemptions on iny additional dependents whom you support. The in your household. | | 6 | |
| Na | tional Standards | You must use the IRS National Standards t | to answer the questions in lines 6-7. | | |
| 6. | | dother items: Using the number of people you educate amount for food, clothing, and other items | | \$ | 99.00 |
| 7. | the dollar amount for people who are 65 o | th care allowance: Using the number of people rout-of-pocket health care. The number of people rolderbecause older people have a higher IRS amount, you may deduct the additional amount | e is split into two categoriespeople who allowance for health car costs. If your | o are under 65 and | |

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Debtor 1 Rafael Antonio Ortiz, II Case number (if known) Debtor 2 People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 6 7c. Subtotal. Multiply line 7a by line 7b. 498.00 Copy here=> \$ 498.00 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 158 7e. Number of people who are 65 or older 0 0.00 7f. Subtotal. Multiply line 7d by line 7e. Copy here=> \$ 0.00 498.00 498.00 7g. **Total.** Add line 7c and line 7f Copy total here=> Local Standards You must use the IRS Local Standards to answer the guestions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 818.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 2,480.00 listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment **Freedom Mortgage Corporation** 3,967.00 Сору Repeat this amount 3.967.00 3,967.00 9b. Total average monthly payment here=> on line 33a. 9c. Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line 9a (mortgage Copy 0.00 0.00 or rent expense). If this number is less than \$0, enter \$0. here=> 10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and 0.00 affects the calculation of your monthly expenses, fill in any additional amount you claim. Explain why:

Tara Marie Vaughns

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Rafael Antonio Ortiz, II Debtor 2 Case number (if known) 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. ☐ 0. Go to line 14. ☐ 1. Go to line 12. 2 or more. Go to line 12. 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the 608.00 operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. Vehicle 1 **Describe Vehicle 1:** 2023 Cadillac Escalade ESV 32000 miles 13a. Ownership or leasing costs using IRS Local Standard..... 619.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Name of each creditor for Vehicle 1 Average monthly payment **NAVY FCU** 1,820.00 Repeat this Copy amount on **Total Average Monthly Payment** 1.820.00 1.820.00 here => 13c. Net Vehicle 1 ownership or lease expense Copy net Vehicle 1 Subtract line 13b from line 13a. if this number is less than \$0, enter \$0. expense here 0.00 0.00 Describe Vehicle 2: Vehicle 2 13d. Ownership or leasing costs using IRS Local Standard..... 0.00 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment -NONE-Copy Repeat this here amount on line 33c. Total average monthly payment 0.00 0.00 13f. Net Vehicle 2 ownership or lease expense Copy net Vehicle 2 Subtract line 13e from line 13d. if this number is less than \$0, enter \$0. expense here 0.00 0.00 14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the 0.00 Public Transportation expense allowance regardless of whether you use public transportation. 15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may 0.00 not claim more than the IRS Local Standard for Public Transportation.

Tara Marie Vaughns

Debtor 1

Debtor 1 Debtor 2 Rafael Antonio Ortiz, II Case number (if known)

| Oth | | addition to the expense of following IRS categories | | s listed above | , you are allowed your monthly expense | s for | |
|---|---|---|---|---|---|-------|-----------|
| 16. | self-employment taxes, social | security taxes, and Medic ever, if you expect to rece the total monthly amount | are taxe | s. You may ind refund, you m | d local taxes, such as income taxes, clude the monthly amount withheld from just divide the expected refund by 12 for taxes. | \$_ | 3,336.00 |
| 17. | Involuntary deductions: The contributions, union dues, and | | uctions th | nat your job re | quires, such as retirement | | |
| | Do not include amounts that ar | re not required by your jol | b, such a | s voluntary 40 | 1(k) contributions or payroll savings. | \$_ | 0.00 |
| 18. | filing together, include paymen | nts that you make for your fe insurance on your depe | spouse's | s term life insu | e insurance. If two married people are lrance. spouse's life insurance, or for any form | \$_ | 0.00 |
| 19. | Court-ordered payments: The administrative agency, such as Do not include payments on payments. | s spousal or child support | paymen | ts. | by the order of a court or You will list these obligations in line 35. | \$ | 0.00 |
| 20 | Education: The total monthly | - | | | - | _ | |
| 20. | as a condition for your job, | | ducation | i tilat is citilei | required. | | |
| | • • • | | t child if r | no public educ | ation is available for similar services. | \$ | 0.00 |
| 21 | | | | | sitting, daycare, nursery, and preschool. | · - | |
| ۷1. | Do not include payments for a | | | • | sitting, daycare, nursery, and prescribor. | \$ | 3,500.00 |
| 22. | 22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. | | | | | | 0.00 |
| | Payments for health insurance | · · | | • | | \$_ | |
| 23. Optional telephone and telephone services: The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 122C-1, or any amount you previously deducted. | | | | | | +\$_ | 0.00 |
| 24. | Add all of the expenses allow Add lines 6 through 23. | wed under the IRS expe | nse allo | wances. | | \$_ | 11,559.00 |
| Add | ditional Expense Deductions | These are additional d Note: Do not include a | | | | | |
| 25. | | | | | ises. The monthly expenses for health ly necessary for yourself, your spouse, or | or | |
| | Health insurance | | \$ | 630.00 | | | |
| | Disability insurance | | \$ | 0.00 | | | |
| | Health savings account | + | \$ | 121.00 | | | |
| | Total | | \$ | 751.00 | Copy total here=> | \$ | 751.00 |
| | | | | | | | |
| | Do you actually spend this tota No. How much do you | | | | J | | |
| | _ ′ ′ ′ | | \$ | | | | |
| 26. | □ No. How much do you ■ Yes Continuing contributions to continue to pay for the reasona | actually spend? the care of household cable and necessary care syour immediate family wh | or family and supp o is unat | ort of an elder ole to pay for s | e actual monthly expenses that you will ly, chronically ill, or disabled member of uch expenses. These expenses may 29A(b) | \$_ | 0.00 |
| | No. How much do you Yes Continuing contributions to continue to pay for the reasons your household or member of include contributions to an acc Protection against family vio | the care of household cable and necessary care a your immediate family whount of a qualified ABLE plence. The reasonably no | or family and supp to is unal program. ecessary | oort of an elder ble to pay for s 26 U.S.C. § 5 monthly expe | ly, chronically ill, or disabled member of uch expenses. These expenses may | | 0.00 |

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| ebtor 1 ebtor 2 | Tara Marie Vaughns Rafael Antonio Ortiz, II | Case | e number (if known) | | | |
|--------------------|--|---|---------------------|--------------------------------------|------------------|------------|
| | Additional home energy costs. Your hom line 8. | ne energy costs are included in your insurance | e and operating | expenses on | i | |
| | If you believe that you have home energy of 8, then fill in the excess amount of home er | ne | | | | |
| | You must give your case trustee document amount claimed is reasonable and necessary | ation of your actual expenses, and you must s ary. | show that the ad | ditional | \$_ | 0.0 |
| | | dren who are younger than 18. The monthly ependent children who are younger than 18 ye | | | ŕ | |
| | You must give your case trustee document claimed is reasonable and necessary and r | ation of your actual expenses, and you must enot already accounted for in lines 6-23. | explain why the a | amount | | |
| | * Subject to adjustment on 4/01/25, and evo | ery 3 years after that for cases begun on or aft | ter the date of a | djustment. | \$_ | 0.00 |
| | | he monthly amount by which your actual food g allowances in the IRS National Standards. The is in the IRS National Standards. | | | | |
| | | ional allowance, go online using the link speci so be available at the bankruptcy clerk's office | | rate | | |
| | You must show that the additional amount | claimed is reasonable and necessary. | | | \$_ | 0.00 |
| 31. | Continuing charitable contributions. The instruments to a religious or charitable organization. | e amount that you will continue to contribute in anization. 11 U.S.C. § 548(d)(3) and (4). | the form of cas | h or financia | I | |
| | Do not include any amount more than 15% | \$_ | 0.00 | | | |
| | Add all of the additional expense deducted Add lines 25 through 31. | tions. | | | \$ | 751.00 |
| Dedu | uctions for Debt Payment | | | | | |
| Т | cans, and other secured debt, fill in lines o calculate the total average monthly paymereditor in the 60 months after you file for ba Mortgages on your home | ent, add all amounts that are contractually due | e to each secure | ed | | ge monthly |
| 33a. | Copy line 9b here | | | => | payme | 3,967.00 |
| JJa. | | | | | Ψ | 3,907.00 |
| | Loans on your first two vehicles | | | | _ | |
| 33b. | Copy line 13b here | | | => | \$ | 1,820.00 |
| 33c. | Copy line 13e here | | | => | \$ | 0.00 |
| 33d. | List other secured debts: | | | | | |
| Nam | e of each creditor for other secured debt | Identify property that secures the debt | incl | es payment ude taxes nsurance? | | |
| | | | | No | | |
| | -NONE- | | | Yes | \$ | |
| | | | | No | | |
| | | | | Yes | c | |
| | | | | | \$ | |
| | | | | No | | |
| | | | | Yes + | \$ | |
| | | | | Cop | | |
| 33e | Total average monthly payment. Add lines | s 33a through 33d | \$5,78 | 7.00 total | al e=> \$ _ | 5,787.00 |

Tara Marie Vaughns

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Tara Marie Vaughns Debtor 1 Rafael Antonio Ortiz, II Debtor 2 Case number (if known) 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? ☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that secures the debt Total cure amount Monthly cure amount -NONE- $\div 60 = $$ Copy total 0.00 \$ 0.00 Total here=> 35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. No. Go to line 36. ☐ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims \$ 0.00 0.00 ÷ 60 36. Projected monthly Chapter 13 plan payment 4,227.00 Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by 7.40 the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total 312.80 312.80 Average monthly administrative expense here=> 6,099.80 37. Add all of the deductions for debt payment. Add lines 33e through 36. **Total Deductions from Income** 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS 11,559.00 expense allowances Copy line 32, All of the additional expense deductions 751.00 6,099.80 Copy line 37, All of the deductions for debt payment +\$ 18,409.80 18,409.80 Total deductions..... Copy total here=>

| Debtor 1 Debtor 2 | Tara Marie Va Rafael Antonio | | | Case | e numb | per (if known) | | |
|--------------------------------------|---|--|--|---|-----------------|--|--------------------|-----------|
| Part 2: | Determine You | ur Disposable Income Under 11 | U.S.C. § 1325(b) | (2) | | | | |
| | | rent monthly income from line Current Monthly Income and Ca | | | | | \$ | 15,306.00 |
| chi disa rec | Idren. The month ability payments for eived in accordan | oly necessary income you receily average of any child support paper a dependent child, reported in ce with applicable nonbankruptcy ended for such child. | ayments, foster ca Part I of Form 122 | re payments, or C-1, that you | \$ | 0 | .00 | |
| em _l in 1 | oloyer withheld fro | etirement deductions. The montour wages as contributions for qualify) plus all required repayments (c. § 362(b)(19). | alified retirement p | lans, as specified | \$ | 539 | .00 | |
| 42. Tot | al of all deduction | ons allowed under 11 U.S.C. § 7 | 07(b)(2)(A). Copy | line 38 here=> | • \$ | 18,409 | .80 | |
| exp the | enses and you har expenses. You | ial circumstances. If special circave no reasonable alternative, de must give your case trustee a det ocumentation for the expenses. | scribe the special | circumstances and | d | | | |
| Descri | oe the special ci | rcumstances | | Amount of expe | nse | | | |
| | | | 9 | 3 | | | | |
| - | | | 9 | | | | | |
| - | | | | | | | | |
| - | | | Total \$ | 0.00 | Cop her | oy e=> \$ | 0.00 | |
| 44. Tot | al adjustments. | Add lines 40 through 43. | | => \$ | S | 18,948.80 | Copy here=> -\$ | 18,948.80 |
| 45. Cal Part 3: | · | thly disposable income under to | § 1325(b)(2). Subi | ract line 44 from li | ne 39 |) . | \$ | -3,642.80 |
| hav time you | ange in income of the changed or are the your case will be filed your petition | or expenses. If the income in For virtually certain to change after the open, fill in the information below, check 122C-1 in the first column in when the increase occurred, and | ne date you filed y w. For example, if n, enter line 2 in th | our bankruptcy pe the wages reporte ne second column, | tition d inc | and during the reased after | | |
| Form | Line | Reason for change | | Date of change | | Increase or decrease? | Amount of | change |
| ☐ 1220 ☐ 1220 ☐ 1220 ☐ 1220 | C-2 C-1 | | | | | ☐ Increase ☐ Decrease ☐ Increase ☐ Decrease ☐ Increase | \$ \$ | |

| Debtor 1 Debtor 2 | | | Case number (if known) | | | | | |
|----------------------|---|------|---|--|--|--|--|--|
| Part 4: | Sign Below | | | | | | | |
| | By signing here, under penalty of perjury you declare that the info | | ŕ | | | | | |
| X | /s/ Tara Marie Vaughns Tara Marie Vaughns Signature of Debtor 1 | Х | /s/ Rafael Antonio Ortiz, II Rafael Antonio Ortiz, II Signature of Debtor 2 | | | | | |
| Date | September 27, 2024 MM / DD / YYYYY | Date | September 27, 2024 MM / DD / YYYY | | | | | |

Amex Correspondence/Bankruptcy Po Box 981535 El Paso, TX 79998

Bank of America Attn: Bankruptcy 4909 Savarese Circle Tampa, FL 33634

Barclays Bank Delaware Attn: Bankruptcy Po Box 8801 Wilmington, DE 19899

Capital One Attn: Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Capital One/Walmart Attn: Bankruptcy P.O. Box 30285 Salt Lake City, UT 84130

CFNA Attn: Bankruptcy Po Box 81315 Cleveland, OH 44181

Citibank/American Airlines Centralized Bankruptcy Po Box 790040 St Louis, MO 63179

Citibank/Best Buy Centralized Bankruptcy Po Box 790040 St Louis, MO 63179 Citibank/The Home Depot Centralized Bankruptcy Po Box 790040 St Louis, MO 63179

Comenity Bank/Kay Jewelers Attn: Bankruptcy Po Box 182125 Columbus, OH 43218

Comenitycapital/sakscc Po Box 182120 Columbus, OH 43218

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Discover Financial Attn: Bankruptcy Po Box 3025 New Albany, OH 43054

First Electronic Bank Attn: Bankruptcy Po Box 521271 Salt Lake City, UT 84152

Freedom Mortgage Corporation Attn: Bankruptcy 907 Pleasant Valley Ave, Ste 3 Mt Laurel, NJ 08054 Georgia Department of Revenue Compliance Division ARCS-BK 1800 Century Blvd. Suite 9100 Atlanta, GA 30345-3202

Goldman Sachs Bank USA Attn: Bankruptcy Po Box 70379 Philadelphia, PA 19176

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Navient P.O. Box 9500 Wilkes Barre, PA 18773

NAVY FCU Attn: Bankruptcy Po Box 3000 Merrifield, VA 22119

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Northside Hospital PO Box 100062 Atlanta, GA 30348-0062

Petal Card 1/Webbank PO Box 105168 Atlanta, GA 30348

PMI Northeast Atlanta 3360 Martin Farm Rd #100 Suwanee, GA 30024

Safe Home Security Inc. 55 Sebethe Dr. Cromwell, CT 06416

Syncb/Paypal Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony Bank/Amazon Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony/PayPal Credit Attn: Bankruptcy Po Box 965064 Orlando, FL 32896 Target NB C/O Financial & Retail Services Mailstop BT PO Box 9475 Minneapolis, MN 55440

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